

Response to Solicitation # SCC060004-A2

MEDICAL MANAGEMENT CONSULTANTS

Including the following service categories:

Program Review and Evaluation

Program Consultation

Statistician

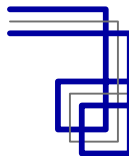
Management Consultant – Healthcare Practice Emphasis

Management Consultant – Strategic Planning Emphasis

Management Consultant – Healthcare Research Emphasis

November 9, 2005

Submitted by:
EP&P Consulting, Inc.



November 9, 2005

Arizona Health Care Cost Containment System
701 E. Jefferson Street
Phoenix, AZ 85034

Re: Solicitation # SCC060004-A2

To whom it may concern:

EP&P Consulting, Inc. (EP&P) is pleased to submit a proposal in response to the request for proposals for statewide medical management consulting services, solicitation number SCC060004-A2.

Over the last 12 years, EP&P has worked with over 30 states, including Arizona, on a wide range of activities for Medicaid and other public health agencies. We believe that with our experienced staff we can meet the objectives required in this RFP and more than satisfy the expectations of the State of Arizona.

As a Corporate Director of EP&P, I have the authority to enter EP&P into a contract with the State. We also assure that:

- ☐ No conflict, actual or perceived, would prevent us from functioning under an agreement with the State of Arizona.
- ☐ We agree that we will perform our obligations under this RFP in accordance with all applicable Federal, State, and local laws, rules and regulations now or hereafter in effect.
- ☐ We agree, upon acceptance of the contract, to provide all required documentation related to insurance requirements under this RFP prior to the performance of duties.
- ☐ We warrant and affirm that the terms of the RFP and any resultant agreement do not violate any contracts or agreements to which we are a party, and that our other contractual obligations will not adversely influence our capabilities to perform under this agreement.
- ☐ EP&P Consulting, Inc. is an equal opportunity employer and complies with all relevant Federal and State Equal Opportunity and Nondiscrimination Laws, Regulations and Executive Orders.
- ☐ We certify the accuracy of all information in our proposal and compliance with requested contents.

I can be contacted at the following address and phone number:

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1100 New York Avenue, N.W.
Suite 500 East
Washington, DC 20005
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We look forward to the opportunity to work with you on this project.

Sincerely,

Yvonne Lutz Powell
Corporate Director

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SECTION 2

QUALIFICATIONS OF ASSIGNED PERSONNEL

In responding to this solicitation for medical management consultants, EP&P Consulting, Inc. (EP&P) has assembled a very senior project team with substantial experience. Our team can provide the type of expertise required in analyzing the challenging issues that arise in consulting projects.

- ❑ Our project team has *in-depth functional knowledge and expertise* in health care and social service programs as well as economics and finance
- ❑ Our project team has experience in *working with Arizona state governmental agencies including ADHS, ADES, and AHCCCS* as well as other state agencies throughout the United States
- ❑ Our proposed project team *brings together a broad range of knowledge and experience* including an in-depth knowledge of state and federal health programs including Medicaid and SCHIP, behavioral health programs, long-term care programs as well as tax and budgeting systems, funds flow and information technology

We believe that EP&P provides a team of key seasoned professionals more than capable of supporting the State's needs for this solicitation. The team has access to additional resources within the firm and, if necessary, our subcontractor network that can provide a broad range of skills and experience to complement the project team.

List of Key Personnel

(RFP Ref. Section 3.1.1)

The individuals considered to be key staff for this contract are listed below with the project categories for which we are proposing them:

- 3.1 Program Review and Evaluations
- 3.2 Program Consultation
- 3.4 Statistician
- 3.5 Management Consultant – Healthcare Practice Emphasis
- 3.6 Management Consultant – Strategic Planning Emphasis
- 3.8 Management Consultant – Healthcare Research Emphasis

<u>Name</u>	<u>Title</u>	<u>3.1</u>	<u>3.2</u>	<u>3.4</u>	<u>3.5</u>	<u>3.6</u>	<u>3.8</u>
Peter Burns	Corporate Director-Phoenix	✓	✓		✓	✓	✓
Yvonne Lutz Powell	Corporate Director	✓	✓		✓	✓	✓
Susan Carter	Corporate Director	✓	✓	✓	✓	✓	✓

<u>Name</u>	<u>Title</u>	<u>3.1</u>	<u>3.2</u>	<u>3.4</u>	<u>3.5</u>	<u>3.6</u>	<u>3.8</u>
Mark Podrazik	Corporate Manager	✓	✓	✓			
John McCarthy	Corporate Manager		✓				✓
Lori Petre	Senior Consultant	✓	✓		✓	✓	✓
Steve Abele	Senior Consultant	✓	✓		✓	✓	
Craig Srsen	Senior Consultant		✓	✓			✓
Yongping Zheng	Consultant			✓			
Sophie Wang	Consultant			✓			
Steven Van Tassell	Consultant					✓	
Gretchen Engquist	Technical Advisor	✓	✓	✓	✓	✓	✓
Jeanne McGee	Subcontractor	✓			✓		
Andy Cohen	Subcontractor		✓		✓		✓
Daniel Bretheim	Subcontractor			✓			
C.J. Hindman	Subcontractor			✓	✓		

However, it should be noted that the other staff will be assigned to various projects to support the team on an as-needed basis based on the skill set and staffing needs of any individual project. The following biographical sketches and resumes detail the experience of the staff that we plan to have available for projects under this contract.

Key Personnel Brief Biographies
(RFP Ref. Section 3.1.2)

Peter Burns, M.B.A., Corporate Director of the Phoenix Office

Mr. Burns has over 25 years of experience in public policy with specialties in the areas of healthcare, finance, forecasting, administration, operations, strategic planning and legislation. During his public policy career, Mr. Burns has been a senior advisor for three governors, a state budget director, the director of a statewide in-house management consulting office, the chief research economist for a legislative body, and a tax manager for a Fortune 500 corporation. Mr. Burns' expertise and experience extends across a wide range of state programs at various levels, from conceptualization and policy development to program planning, budgeting, and accounting to program review and evaluation.

Mr. Burns has brought his financial, forecasting, operations, and budgeting skills to a variety of projects at EP&P Consulting since 1998. Mr. Burns has participated in nearly all of the projects for AHCCCS to maximize federal funding. He has prepared or directed the preparation of analysis of program changes, including enrollment and financial projections for KidsCare, Arizona's Section 1115 waiver amendment to expand coverage to all persons below 100% of the federal poverty level, Arizona's HIFA waivers, the breast and cervical cancer eligibility option for AHCCCS, Oregon's Section 1115/HIFA amendment, New Mexico's HIFA proposal, a HIFA waiver study for Nevada, and a Section 1115 feasibility study for the Health Care District of Palm Beach County. He is currently developing caseload and financial projections for Louisiana in preparation of a HIFA demonstration. He has served as the Project Director on EP&P's multi-year engagement with ADES/DDD to transition their rate setting methodologies for payment of services to providers of services to people with developmental disabilities.

Yvonne Lutz Powell, M.P.P., Corporate Director

Ms. Powell is one of the founding Corporate Directors of EP&P. She has worked in the area of public sector delivery of healthcare, specifically with Medicaid and Medicare financing and service delivery, for over 20 years. During the past ten years, she has specialized in the design, financing, implementation, and evaluation of healthcare reform initiatives, including 1115, 1915(b), and 1915(c) waivers in states across the nation.

Ms. Powell's project management in recent years has focused primarily on large, multi-year engagements. Ms. Powell is the Corporate Director leading multi-year evaluations of Indiana's Title XXI program, which includes an annual evaluation report to the legislature and updating a monitoring manual, and of New York's Healthy NY program, which includes member and employer surveys. She is also currently assisting Utah in examining all processes being used by the State to determine eligibility and assessment for long-term care services and to identify differences, commonalities, and best practices

in Utah and nationally. In addition, Ms. Powell is identifying various opportunities to simplify and streamline the financial eligibility and physical and functional assessment processes in state-funded programs and services as well as exploring the idea of a coordinated entry point for the consumer of long-term care services. Ms. Powell also led a project for ADES/DDD in which EP&P prepared and sent a national survey to states to collect information about how states use assessment tools to measure the support needs of individuals with developmental disabilities. From the survey results, EP&P prepared a report that analyzed the assessment tools utilized by states.

Susan Carter, Corporate Director

Ms. Carter joined EP&P Consulting, Inc. (EP&P) as a Corporate Director in 1994. She brings over 26 years of experience in designing, developing, installing, and maintaining large-scale computer systems primarily in the public and private health care arena. She is considered an expert in Medicaid MMIS systems and has consulted in over 25 states. At EP&P, Ms. Carter is involved in overseeing all major data analysis projects as well as participating in procurements, Medicaid policy development, technical assistance, program evaluation, and systems-related engagements. For a former employer, Ms. Carter was involved in implementing Medicaid fiscal agent accounts across the country. In this capacity, she was involved in all aspects of the implementation including defining the business requirements, program development, testing, conversion, system installation, ongoing operations, and MMIS certification.

Mark Podrazik, M.B.A., Corporate Manager

Mr. Podrazik joined EP&P Consulting in 1996 and serves as one of its Corporate Managers. He has specialized in projects related to rate setting, financial analysis and the evaluation of public healthcare programs. He also frequently conducts utilization and trend analysis, develops and conducts surveys, and delivers presentations to industry provider representatives. Specific assignments have focused on analyzing or setting rates for institutional and HCBS providers in the states of Arizona, Georgia, Mississippi, Nevada, and Ohio. He has developed or reviewed cost reporting tools in Mississippi and Ohio. Mr. Podrazik was the lead or a primary author on EP&P reports to state legislatures in Indiana, Mississippi and New York. In 2004, he conducted audits of claims in a long-standing lawsuit between Maricopa County and a hospital chain in an effort to develop a settlement. Currently, Mr. Podrazik is the project manager for two projects with AHCCCS—one to transition the outpatient hospital payment system to a fee schedule methodology; the second to rebase the fee-for-service nursing facility rates.

John McCarthy, M.P.A., Corporate Manager

Mr. McCarthy joined EP&P Consulting in 1996 and serves as one of its Corporate Managers. He specializes in budgeting, financial and program analysis, program monitoring, program planning, and the implementation of new initiatives. Mr. McCarthy has provided analysis to many states about the impact of changes to healthcare programs. Specific projects include modeling the impact of various reimbursement systems on

providers and consumers in Oklahoma; analyzing the impact of changing the Medicaid payments system for institutional providers in Ohio; and providing a fiscal and policy analysis on various proposed program and policy changes for a children's hospital. He has also conducted an analysis of selected assessment tools for individuals with developmental disabilities for Oklahoma, assisted AHCCCS with an analysis of PAS including a review of the operational processes and outcomes and innovative approaches in other states, developed budget estimates for Section 1115 waiver proposals, and analyzed Arizona's MMIS to ensure appropriate claiming and identify opportunities to maximize federal funding. Mr. McCarthy previously served as an analyst in the Arizona Governor's Office of Strategic Planning and Budgeting.

Lori Petre, Senior Consultant

Ms. Petre joined EP&P Consulting, Inc. (EP&P) earlier this year, and brings with her extensive experience in information systems development and operations. With her 20 years of experience at Arizona's Medicaid agency (AHCCCS), she brings a wealth of experience in the many facets of operations management of a Medicaid program.

Steve Abele, M.A. Senior Consultant

As a member of the EP&P Consulting team, Mr. Abele brings over six years of experience in the health care industry and expertise in revenue performance monitoring, performance improvement, admitting and patient financial services in large tertiary care settings. He has worked with small to medium-sized hospitals to optimize processes, implement measurements to determine service profitability, and define utilization issues. He has also monitored and measured outsourced patient financial service functions including overseeing charge capture and patient and physician relations. Mr. Abele also has experience in general accounting, budgeting, cost accounting, and strategic planning. He possesses an in-depth knowledge of billing and collection procedures relating to managed care reimbursement.

Craig Srsen, M.P.P., Senior Consultant

Mr. Srsen specializes in the use of SAS and other analytical tools to conduct statistical analysis and rate setting, research on rate setting, and budget modeling. He is currently the lead programmer on EP&P's engagement with AHCCCS to develop alternative payment methodologies for outpatient services. This includes an analysis of the statewide budget impact of implementing the proposed fee schedules. For ADES/DBHS Mr. Srsen calculated historical utilization and payment trends to forecast expenditure trends. He also performed quantitative analysis of authorizations for a state's Medicaid waiver services to search for potential service utilization changes over a period of years as the service population increased and new services were introduced.

Yongping Zheng, Ph.D., Consultant

Mr. Zheng recently joined EP&P and brings with him more than ten years of experience performing psychometric and statistical research, and developing customized database applications and generating special reports using Microsoft Access, SQL, Visual Basic, and SAS.

Sophie Wang, M.S., Consultant

Ms. Wang recently joined EP&P and brings with her Master's Degrees in both Statistics and Economics. Her work experience before joining EP&P included mathematical and statistical modeling, logistic regression, factor analysis, and resampling methods. At EP&P, she has been working on both on research-oriented projects as well as SAS-based analysis projects.

Gretchen Engquist, Ph.D., Technical Advisor

One of EP&P's founders, Dr. Engquist specializes in the design and implementation of health, behavioral health and long-term care reform initiatives. For over twenty years, Dr. Engquist has been involved with the Medicaid program and is known nationally for her work in program design; program financing and funding strategies; reimbursement and rate setting; policy development; and development, implementation and evaluation of waiver programs. Many of her projects have included work in the examples of services under the program review and evaluation, program consultation, statistics, healthcare practices, strategic planning, and healthcare research categories.

Dr. Engquist designed and implemented the first preadmission screening tools for AHCCCS, performed discriminant function analyses to score the elderly and physically disabled and developmentally disabled PAS tools for ALTCS, and recently prepared an analysis of strategies to maintain the integrity of those tools. She has also directed and participated in EP&P's projects for AHCCCS in which we prepared member and provider surveys, analyzed the results, and prepared reports summarizing the findings; developed financial and enrollment projections for many states for their Section 1115 demonstration proposals; estimated the impact of the premium tax on health care providers; assisted ADHS in the development of new service definitions to broaden the continuum of services available and the rates paid for those services; participated in AHCCCS projects to maximize federal funds, and was the Corporate Director in charge of the national survey of consumer-directed programs conducted for ASPE.

Jeanne McGee, Ph.D., Subcontractor

Dr. McGee provides program evaluation, custom research, surveys, and focus groups for clients that include state and local government agencies, health plans, corporations, healthcare coalitions, hospitals, universities, private foundations, research and health policy institutes, consulting firms, and community organizations. She collaborated with EP&P on the survey projects for AHCCCS. If EP&P includes Dr. McGee on a survey

project, it will be in a role similar to the one she had for the AHCCCS survey projects. She will take the lead on survey design and questionnaire development and testing.

Andrew Cohen, M.B.A., Subcontractor

Mr. Cohen is a Director of The Pacific Health Policy Group and has fifteen years of experience in health care consulting. His areas of expertise include assessment tool development, managed care strategic planning, program implementation and analysis for Title XIX and CHIP populations, rate setting, financial modeling, the design of Medicaid eligibility and case-mix reimbursement systems for physically or developmentally disabled populations, and conducting competitive procurements for governmental agencies seeking to contract with managed care organizations. He has assisted numerous state governments and provider organizations in the development of managed care and other specialized programs to serve TANF Medicaid and CHIP populations, as well as SSI and long term care beneficiaries. Mr. Cohen has worked with EP&P in the rebase of AHCCCS' fee-for-service nursing facility rates and the development and implementation of the preadmission screening (PAS) tool.

Daniel Bretheim, M.S. & M.P.A., Subcontractor

Mr. Bretheim brings with him extensive experience and expertise in data analysis with a broad understanding of information technology, including knowledge of advance multivariate statistical procedures, research design, simulation, modeling, and 20 years of SAS programming. Mr. Bretheim is experienced in developing and implementing data driven decision support solutions, process improvement, and new business initiatives for major consulting firms and Fortune 100 pharmaceutical companies. Mr. Bretheim specializes in Data Mining, Business Model Simulation, Data Analysis & Reporting, and Design & Code Review.

C.J. Hindman, M.D., Subcontractor

Dr. Hindman is a physician who is board certified in family practice and internal medicine. He has spent more than 20 years in practice and more than 11 years as a medical director for three Medicaid related organizations. As a consultant, Dr. Hindman now provides his expertise to state governments and to private organizations that work with Medicaid and Medicare programs. He specializes in helping these organizations and states with all the clinical aspects of designing, implementing, administering, and evaluating health care programs.

Resumes of Key Personnel
(RFP Ref. Section 3.1.3)

Peter J. Burns, M.B.A.
EP&P Consulting, Inc.
Corporate Director

Mr. Burns has over 25 years of experience in public policy with specialties in the areas of finance, forecasting, administration, operations, strategic planning and legislation. During his public policy career, Mr. Burns has been a senior advisor for three governors, a state budget director, the director of a statewide in-house management consulting office, the chief research economist for a legislative body, and a tax manager for a Fortune 500 corporation. Mr. Burns' expertise and experience extends across a wide range of state programs at various levels, from conceptualization and policy development to program planning, operations, budgeting and accounting. Mr. Burns has brought his financial, forecasting, operations and budgeting skills to a variety of projects at EP&P Consulting, Inc. (EP&P) since 1998.

Representative Accomplishments

Program Review and Evaluation

- ❑ For the Mississippi Joint Legislative Committee on Performance Evaluation and Expenditure Review (PEER), participated in an independent review of Medicaid expenditures, policies and practices. Areas of responsibility included review of budgeting and expenditure tracking procedures, multi-state comparisons, transportation, recommendation development, final report preparation and presentations to the Committee.
- ❑ Conducted a review of rates paid to agencies performing adoption services for the Arizona DES, Division of Children, Youth and Families. The purpose of the review was to assess impact of the conversion of the payment structure from a process-oriented structure to a results-oriented structure, the adequacy and timing of payments to the providers, and to benchmark the Arizona rates to other selected states.
- ❑ Assisted the Maine Bureau of Medical Services in the development of a managed care model, with primary responsibilities in the area of rules, Managed Care Organization (MCO) contracts, and financial requirements. Particular areas of focus in the financial arena included the development of manuals for contractors for accounting and reinsurance, designing the structure and policies for financial solvency requirements, risk bands, auto assignment, and an incentive-based payment system utilizing HEDIS and other local measures. With respect to rules

and contracts, responsible for review, editing, and assuring conformance with the managed care provisions of the Balanced Budget Act.

Program Consultation

- ❑ For the Arizona Department of Economic Security's Division of Developmental Disabilities (ADES/DDD), assisted in the formulation and adoption of a legislatively mandated rate structure for both agency and independent providers. Among his responsibilities during the engagement, Mr. Burns was responsible for developing the methodology and performing the financial analysis of the implementation costs of the rate structure and developing strategies for Division management to implement the rate structure within budget constraints. Included in the financial estimates were two-year projections of caseload and utilization. In the case of independent providers, the rate structure that was designed and implemented included a consumer assessment modifier for each rate. Mr. Burns supervised the development of reporting systems to score assessments and transform scores into unique consumer rates. The rates were developed using cost information collected from providers in conjunction with the collection of market-based, Arizona-specific costs.
- ❑ Assisted a number of organizations in performing cost and caseload estimates for system reform or expansion initiatives. During these engagements, Mr. Burns was responsible for designing the methodology, collecting and preparing data, and performing the program estimates. These estimates were utilized in submissions to CMS, in preparation of state budget requests and implementation planning.
- ❑ Assisting the New Mexico Hospitals and Health Systems Association and its partner, the Medical Assistance Division of the Human Services Department in the implementation of the New Mexico HIFA waiver program (WellPlan). Activities included the development of the operational protocol and the identification of system requirements for the state's MMIS and eligibility systems, facilitating issues forums with Medicaid MCOs, and drafting policies and procedures.

Management Consultant – Healthcare Practice Emphasis

- ❑ Participated in a review of claims payment options for both the Arizona Department of Economic Security (ADES) and the Arizona Department of Health Services (ADHS). In the case of DES, the purpose of the review was to assess the feasibility and costs and benefits of either consolidating multiple claims processing systems within the Department into a single system or to migrate all or part of the function to a sister agency, AHCCCS. In the case of ADHS, the purpose of the review was to assess options to AHCCCS processing TRBHA behavioral health claims. In both projects Mr. Burns was responsible for

assessing the financial implications of maintaining the status quo and the various options that were identified.

- ❑ Assisted the Division of Developmental Disabilities in the implementation of a Fiscal Intermediary program. The implementation requires the diversion of a portion of the claims payment function of the Division to a third party vendor. Analyzed the requirements and assisted the Division in defining process changes (operational, financial, technological and programmatic) required for independent and certain agency providers to be paid by the outside vendor.
- ❑ Currently assisting the Division of Developmental Disabilities in the movement to a consumer directed individualized budget system. Stages in the movement to consumer direction that have been or are currently being implemented include: the establishment of a rate structure for HCBS providers, the streamlining of the procurement process, the enhancement of management information systems, the development of consumer assessment tools, and the retention of a fiscal intermediary. Future activities may include the development of individual budgets and the development of a provider directory for consumer use.

Management Consultant – Strategic Planning Emphasis

- ❑ Assisted the Maricopa Integrated Health Systems in a strategic review of their health plan and long term care plan. The purpose of the review was to determine the operating environment of the plans, determine the extent that macro factors are influencing financial performance, and provide contextual information to policy and other decision makers. Strategies and action plans were developed to mitigate the losses the plans were experiencing.
- ❑ Assisted state agencies in New Mexico and Louisiana in the implementation of waivers through the design of management systems and work process flows. In these engagements Mr. Burns assisted in the design of the process flows, recommended organizational structures, identified automated systems requirements, and estimated staffing and funding requirements to implement employer sponsored insurance programs that included participation of insurers, brokers, clients, employers and multiple state agencies.
- ❑ Assisted the Arizona DES/DDD in formulating a vision and the subsequent phased execution of a long term plan to move to a consumer directed individualized budget system. In this engagement, Mr. Burns assisted the Division in the development of work plans for numerous individual projects, the setting of objectives, the development of administrative, operational and financial methodologies, and was responsible for the preparation of numerous deliverables both to the Division and for the Division to Legislative and Executive policy makers.

Management Consultant – Healthcare Research Emphasis

- ❑ Assisted AHCCCS in the preparation and negotiation of a Section 1115 waiver to cover non-categorical uninsured residents below 100% of the federal poverty level. Subsequently designed a pair of HIFA waivers to utilize idle SCHIP funding amounts to cover non-categoricals and SCHIP parents to maximize budget neutrality capacity, thus preserving the State's DSH program. Responsibilities in these engagements included participation in waiver design, financial forecasts, preparation of waiver documents, and assisting in negotiations with CMS.
- ❑ Assisting Louisiana in the development and preparation of a HIFA waiver to test employer sponsored insurance, make Title XIX funds available to the State's High Risk Pool, and to expand the Health Insurance Premium Program for TANF and SCHIP parents. Responsibilities included caseload and financial projections, budget neutrality calculations, and preparations of waiver documents.
- ❑ Performing a financial review of the administrative costs associated with the operation of fiscal intermediary services in four agencies for the Robert Wood Johnson Foundation (RWJ). The agencies administer cash and counseling programs established in four different states with support from RWJ. The purpose of the review was to learn more about the cost structures of financial intermediaries.
- ❑ Assisting AHCCCS in a review of federal Title XIX and Title XXI reimbursement claiming procedures. Activities included review of agency policies and procedures, researching federal regulations, policies, and administrative decisions, and reviewing algorithms used in the agency's Federal Funds Participation automation system.
- ❑ Assisting AHCCCS in the pursuit of 100% FMAP for services delivered to Native Americans through referral by the Indian Health Service (IHS). Activities included research of federal statutes, regulations, and CMS and IHS policies, meetings with CMS central office personnel, and pursuit of clarifying federal legislation through the State's congressional delegation. The work included an appeal of a CMS disallowance to the HHS Departmental Appeals Board.

Education & Academic Qualifications

Arizona State University, Phoenix, AZ

Masters of Business Administration, emphasis in Finance – 1985

Arizona State University, Phoenix, AZ

Bachelor of Arts in Political Science and Economics – 1976

**Yvonne Lutz Powell, M.P.P.
EP&P Consulting, Inc.
Corporate Director**

One of the founders of EP&P Consulting, Inc. (EP&P), Ms. Powell has worked in the area of public sector delivery of health care, specifically with Medicaid and Medicare financing and service delivery, for 20 years. During the past ten years she has specialized in the design, financing and implementation of health care reform initiatives, providing policy and technical assistance to a number of state Medicaid programs, designing and implementing alternate payment methodologies for purchasing health care services. Ms. Powell's project management in recent years has focused primarily on large, multi-year engagements.

Representative Accomplishments

Program Review and Evaluation:

- ❑ Assisted in a multi-phase project for Oklahoma's Department of Human Services Developmental Disabilities Services Division where Ms. Powell developed recommendations for designing and implementing a consumer-driven managed care system for delivery of long-term support services to consumers with developmental disabilities.
- ❑ Worked with the State of Maine on the design and development of MaineNet, a comprehensive Medicaid/Medicare demonstration to integrate acute and long-term care services for the elderly and physically disabled. Ms. Powell worked on the original Section 1115 waiver proposal and advised Maine during the transition to a new model, which provides a full array of primary, acute, and long-term care services through a dual plan option.
- ❑ As required by the Centers for Medicare and Medicaid Services (CMS), conducted two Independent Assessments of New Jersey's 1915(b) waiver that allows the State to enroll children with special health care needs in managed care. The assessment evaluated the State's efforts and ability to monitor the accessibility, quality of care, and costs of its waiver program.

Program Consultation

- ❑ Working with the Arizona Department of Economic Security, Division of Developmental Disabilities on a multi-year transition of their service payment and delivery system. Ms. Powell evaluated historical trends in community service utilization patterns as the number of people accessing community support services increased, rate changes have been implemented, and service options have increased.

- ❑ Assisted AHCCCS in analyses of their Medically Needy/Medically Indigent (MN/MI) population and Emergency Services Program (ESP). The analysis of the MN/MI population examined patterns of use, whether the population was categorically linked and therefore could be eligible for Title XIX, and their income. The analysis of the Federal Emergency Services (FES) program evaluated the impact of prenatal care and the trimester in which it was initiated on the cost of delivery and the number of Neonatal Intensive Care Unit (NICU) days.
- ❑ Ms. Powell was the corporate director for a multi-year evaluation of the Indiana CHIP program. The work requires EP&P to develop and implement performance standards, benchmarks, criteria and evaluation measures, the data collection strategy, monitor data collection, and prepare the annual evaluation reports. The project includes direct assessment of how the health care delivery system is performing and how members view the service they receive.

Management Consultant-Healthcare Research Emphasis:

- ❑ Ms. Powell led a project in which EP&P prepared and sent a national survey to states to collect information about how states use assessment tools to measure the support needs of individuals with developmental disabilities, including how the tool is linked to reimbursement/funding levels. From the survey results, EP&P prepared a report that analyzed the assessment tools utilized by states and helped a stakeholder workgroup develop a tool based on those results. This tool was piloted, and the results of the pilot were used to revise the tool.
- ❑ Currently assisting AHCCCS in developing options for paying hospital-based fee-for-service outpatient services. EP&P is analyzing four years of claims and encounter data to devise options for fee schedules similar to Medicare but based upon Arizona Medicaid-specific data. The key areas studied include laboratory services, radiology services, emergency room services, and outpatient surgeries. The fee schedules are at the procedure code level and include bundling of ancillary services along with a specific procedure, depending upon the service.
- ❑ Currently assisting Utah's Department of Human Services in examining all processes currently being used by the state to determine eligibility and assessment for long term care services and to identify differences, commonalities, and best practices in the State of Utah and nationally. In addition, Ms. Powell is identifying various opportunities to simplify and streamline the financial eligibility and physical and functional assessment processes in state-funded programs and services as well as exploring the idea of a coordinated entry point for the consumer of long-term care services. The project includes drafting a report presenting an overview of the state's long-term care system.
- ❑ For the Ohio Department of Mental Retardation and Developmental Disabilities, Ms. Powell was part of an EP&P team that designed, administered, collected, and

analyzed data from cost surveys sent to Ohio's developmental disabilities community service providers. The surveys were designed to be used in conjunction with a statewide needs assessment so that individual funding levels and a fee schedule could be developed for a series of new Medicaid waivers the State is developing for its individuals with developmental disabilities.

EP&P performed multivariate regressions and discriminant function analyses which combined the cost data that was collected and rate data obtained from ODMRDD with data collected from a sample of individuals using the New York Developmental Disabilities Profile (DDP) modified for Ohio. The final model places individuals in a funding range that will be used as a budget to develop the individuals' service plans. In conjunction with developing funding ranges, EP&P is developing payment rates for the services that are provided, which include homemaker, personal care, and transportation. Because the development of the new reimbursement system in Ohio is built on a consensus approach, EP&P also participates with the State in public meetings with the provider community and county boards of MR/DD to develop the new reimbursement system.

Management Consultant-Healthcare Practice Emphasis:

- Completed independent analyses for the Arizona Health Care Cost Containment System (AHCCCS) in the evaluation of their current rates for community support services for elders and people with physical disabilities. This consists of:
 - Surveying providers to obtain information on actual market cost per unit for hourly community services as well as adult day health programs and transportation
 - Comparing AHCCCS historical rates to rates paid by other state agencies for the same and similar services
 - Developing independent models that build rates from the "bottom up" based on information from the Bureau of Labor Statistics on comparable industry wages and benefits. These models assisted AHCCCS in evaluating both the market viability of various rate options as well as the comparability of rates across similar service industries.
- Ms. Powell was the program director for a program evaluation provided for the Pennsylvania Department of Public Welfare for their HealthChoices acute care and managed behavioral health programs. EP&P provided technical assistance to the Commonwealth for the implementation and expansion of the HealthChoices acute care and managed behavioral health programs. We analyzed issues, provided recommendations, researched practices in other states, and participated in the development of the overall program.
- Ms. Powell managed EP&P's project assisting the State of Georgia transition from a per case reimbursement system to a prospective DRG-based inpatient hospital reimbursement system. The project included identifying reimbursement issues with State representatives, performing statistical analysis on the data, meeting

with the Commissioner and the hospital industry to present analyses, and providing post-implementation technical assistance.

Management Consultant-Strategic Planning Emphasis:

- ❑ Assisted in the development of a rural hospital network in response to Oklahoma's Medicaid managed care initiative. The purpose of the hospitals forming this network was to either become a provider-sponsored HMO or to partner with a larger managed care organization in order to provide Medicaid managed care services to southeast rural Oklahoma. The scope of the activities included assisting in the evaluation and formation of the hospital network and evaluating the financial and operational requirements and implications of forming a provider-sponsored HMO.
- ❑ Addressed human resource issues while working with Oklahoma's Department of Human Services Developmental Disabilities Services Division including division organization and staffing appropriate for monitoring and administration of a consumer-driven system, and reviewed the analysis of long-term trends in the use of person-level waiver services as individuals age and as new waiver services become available.
- ❑ For the Nevada Department of Human Resources, Ms. Powell led a project as technical consultant for a Governor-appointed committee charged with developing a long-term strategic rate plan for community-based services for seniors, people with disabilities, and people with mental illness. EP&P developed community service rates and a strategic transition plan that had complete rate-specific analyses and an overarching section that presented a strategic plan across individual rates for the payment of community services across target populations.

Education & Academic Qualifications

University of Michigan, Ann Arbor, MI
Master of Public Policy – 1983

University of Michigan, Ann Arbor, MI
Bachelor of Arts in Political Science – 1982

**Susan Carter
EP&P Consulting, Inc.
Corporate Director**

Ms. Carter joined EP&P Consulting, Inc. (EP&P) as a Corporate Director in 1994. She brings over 26 years of experience in designing, developing, installing, and maintaining large-scale computer systems primarily in the public and private health care arena. She is considered an expert in Medicaid MMIS systems and has consulted in over 25 states. At EP&P, Ms. Carter is involved in overseeing all major data analysis projects as well as participating in procurements, Medicaid policy development, technical assistance, program evaluation, and systems-related engagements. For a former employer, Ms. Carter was involved in implementing Medicaid fiscal agent accounts across the country. In this capacity, she was involved in all aspects of the implementation including defining the business requirements, program development, testing, conversion, system installation, ongoing operations, and MMIS certification.

Representative Accomplishments

Program Review and Evaluation

- ❑ Retained by the State of Georgia to serve as the Interim Director of the Division of Systems Management during which time the State was involved in expanding the voluntary Health Maintenance Organization (HMO) program, expanding the Primary Care Case Management (PCCM) program, implementing a Public Hospital Service Network (PHSN), and developing a capitated primary care program. In this capacity, she managed the day-to-day operations of the Management Information System (MIS) division, including the negotiations of contracts and planning for changes due to Y2K. She also completed annual performance evaluations of staff and helped evaluate strategies targeted at improving recruitment and retention of qualified information technology staff.
- ❑ Conducted on-site health plan readiness reviews in Arizona, Maine, Oklahoma, and Vermont; responsibilities included developing review criteria, performing the assessment and documenting and presenting results.
- ❑ Participated in conducting a member and provided satisfaction survey for AHCCCS. Ms. Carter provided technical assistance in pulling the samples and in evaluating the results from the survey.

Program Consultation

- ❑ Provided consulting assistance to the Arizona Health Care Cost Containment System (AHCCCS) since 1987. Ms. Carter directed the project to develop and

maintain rates for inpatient and outpatient hospitals. Part of this effort each year involved analyzing the impact of the rate changes and projecting the costs.

- ❑ Developed budget models for projecting the impact of several program changes for AHCCCS including converting the state's program for the medically needy and medically indigent from a state-only funded program to a state/federally funded program under Medicaid.
- ❑ Designed Arizona's Long-Term Care Eligibility and Determination System and the Client Assessment and Tracking System (LEDS/CATS). The CATS system provides on-line pre-admission screening data and the case manager's service plan for each individual.
- ❑ Assisted the State of Tennessee in the writing of the Advance Planning Document (APD) and Request for Proposal (RFP) for the State's enhanced Medicaid Management Information System (MMIS).
- ❑ Developed system requirements for CalOPTIMA and selection of systems vendor through a competitive procurement. Ms. Carter provided technical assistance throughout the testing and implementation of the system.
- ❑ Directed portions of a project to develop a joint information systems partnership between the States of Arizona and Hawaii. In this partnership, the two states share the same Medicaid Management Information System (MMIS) and Arizona operates and maintains the system for both states. This partnership is the first of its kind in the U.S.

Statistician

- ❑ Oversaw analysis of MMIS claims and encounter data for the States of Arizona, New Hampshire, New York, and Rhode Island. These projects involved manipulation, matching and analysis of multiple years of claims/encounter history and recipient eligibility data in preparation for development of capitation rates, program budgets and/or policy analysis. In the case of Rhode Island, files from several sources were "matched" on various criteria in order to develop a person-level database for analysis.

Management Consultant – Healthcare Practice Emphasis

- ❑ Provided technical assistance to Oklahoma, West Virginia, New Jersey and Pennsylvania in the development of encounter data reporting formats and in the implementation of encounter processing; analysis of MMIS system implications of implementing managed care; and development of systems specifications for modifications to support managed care.

- ❑ Assisted a large pharmaceutical benefits manager in the implementation of the TriCare Mail Order Pharmacy (TMOP) program. Ms. Carter has been responsible for developing the business specifications for this program, acting as a liaison between the mail order site operations staff and the corporate information systems staff, overseeing the user acceptance testing, and providing post-implementation assistance to executive management in analyzing and resolving critical issues.
- ❑ Assisted AHCCCS with a Data Warehouse/Decision Support System for the Medicaid and SCHIP programs. Activities included:
 - Defining the scope of work for the Data Warehouse/Decision Support system
 - Reviewing the AHCCCS standard terms and conditions
 - Drafting major sections of the RFP
 - Working with CMS on approval of the RFP
 - Drafting responses to bidders' questions
 - Developing an evaluation plan and scoring methodology, and worked with CMS on approval of these
 - Developing the evaluation criteria, scoring tools and summary scoring worksheets and training the evaluation team
 - Providing technical assistance throughout the evaluation
- ❑ Directed a project for the State of Rhode Island to analyze and define the requirements for their CHOICES program and prepare an RFP for the procurement of a vendor to design and implement a CHOICES module as part of their MMIS. The CHOICES program is the prototype program for special needs populations. The new CHOICES module included functions to support case management and client tracking, service plan development and service authorization, individual funding levels and tracking expenditures against the individual's budget. The module also includes a consolidated data warehouse along with the tools for integrated reporting of all types of services.

Management Consultant – Strategic Planning Emphasis

- ❑ Assisted in developing a strategic plan for the State of Georgia Medicaid program. The plan addressed the structure of the department, staffing, program priorities and major initiatives, performance measures, and critical success factors.
- ❑ Documented business requirements for the State of Hawaii fee-for-service claims processing and the corresponding system modifications that will be required to the State of Arizona's MMIS (known as PMMIS) to support these requirements. The implementation of the Hawaii fee-for-service claims processing in PMMIS is the final phase of the two states' information systems partnership whereby the State of Arizona operates and maintains the MMIS for the State of Hawaii.

- ❑ Advised a large pharmaceutical benefits manager (PBM) on strategies for consolidating legacy systems inherited through acquisitions on a single platform for the future. The project involved analyzing the functional gaps between the systems; developing a work plan for developing needed functionality on the target platform; planning the tasks associated with moving clients including internal and external training, initial setup, and transitional steps; converting historical data; and testing and verifying the process prior to implementation. A total of 2,000 clients were migrated from three legacy platforms.

Management Consultant – Healthcare Research Emphasis

- ❑ Researched options in the marketplace for outsourcing services for the Arizona Department of Health Services. Ms. Carter surveyed the marketplace to identify options for obtaining vendor services to perform the processing for the behavioral health claims for Native Americans. Options included looking at commercial software packages as well as potential vendors who could provide third party administrative services.
- ❑ Assisted the Arizona Department of Health/Behavioral Health Services Division (ADHS/BHS) in identifying Title XIX and Title XXI services that can be claimed for matching federal funds. This project involved matching ADHS/BHS client files to Title XIX/XXI eligibility files and then pulling the corresponding services for those individuals not previously identified as Title XIX/XXI. Additionally, Ms. Carter advised the Department on system enhancements that can be made to prevent future under claiming of federal match.
- ❑ Prepared Section 1115 and 1915(b) waivers for the States of Delaware, New Hampshire, New Jersey, New York, and Pennsylvania.

Hardware/Software Experience

IBM mainframes, UNISYS, Burroughs, and IBM PCs in various environments including Assembler, COBOL, FORTRAN, dBASE, FoxPro, Oracle, IDMS, DataCommDB, IDEAL, SAS, OS, MVS, CICS, and Novell NetWare.

Education & Academic Qualifications

Principia College, Elsah, Illinois

Bachelor of Arts in Mathematics – 1967

Mark Podrazik, M.B.A.
EP&P Consulting, Inc.
Corporate Manager

Mr. Podrazik joined EP&P Consulting, Inc. in 1996. He has specialized in projects related to rate setting, financial analysis, and the evaluation of public programs. Specific reimbursement-related assignments have focused on analyzing or setting rates for institutional and HCBS providers in the states of Arizona, Georgia, Mississippi, Nevada, and Ohio. He has developed or reviewed cost reporting tools in Mississippi and Ohio. Mr. Podrazik was the lead or a primary author on EP&P reports to state legislatures in Indiana, Mississippi and New York. He also frequently conducts utilization and trend analyses, develops and conducts surveys, and delivers presentations to industry provider representatives.

Representative Accomplishments

Program Review and Evaluation

- ❑ Currently managing a multi-year project in the State of Indiana that requires an annual evaluation of their CHIP expansion program. Specifically, Mr. Podrazik has developed utilization and cost analyses for use in developing performance benchmarks for both the managed care and fee-for-service portions of the program. Mr. Podrazik was the primary author of independent evaluations of Indiana's CHIP submitted to the State Legislature in April of each of the years 2001-2004. In 2002, Mr. Podrazik developed a monitoring manual for the department that he updated in both 2003 and 2004. This manual focuses on regular and periodic access, utilization and PMPM expenditure trends as well as special focus studies. EP&P was awarded a new contract with the State in 2003 to continue this work through 2007.
- ❑ Currently serving as project manager for EP&P's independent evaluation of the Healthy New York (HNY) program, a private sector insurance plan that is reinsured by the State of New York. EP&P developed and conducted mail-in surveys of HNY members (5,000 sample), and small businesses participating in the program (4,000 sample). In-person interviews were also conducted with the health plans participating in the program. Additionally, Mr. Podrazik conducted in-depth analyses of premiums across counties and HMOs as well as medical loss ratios by health plan for this line of business. The first annual report of EP&P's five-year contract was available in January 2005.
- ❑ Analyzed cost report data and reimbursement methodologies for how the State of Mississippi pays for inpatient hospital and institutional long-term care services. Mr. Podrazik developed recommendations as to how the State could contain

future expenditures in this area as part of EP&P's overall independent evaluation of the Mississippi Medicaid program that was presented to the Mississippi Legislature.

- ❑ Assisted Ohio in conducting financial analyses and client demographics of clients at their public ICFs/MR. This information was presented to a committee of state employees across four agencies in an effort to develop a revised methodology for paying the public ICFs/MR. Other tasks included analyzing rate and payment trends over a 10-year period, meeting with subgroups of the committee to gain understanding and cooperation between divisions on their responsibilities both under the current system and going forward, and developing recommendations for streamlining the rate development process.
- ❑ Assisted a Nevada Task Force commissioned by the Governor of Nevada to analyze payment methodologies and rates paid for a wide variety of community-based services. These services included group home and day programs for the developmentally disabled, personal assistance providers, foster care homes, and other hourly-based therapy services to adults and children with mental health needs. Mr. Podrazik's tasks included designing customized electronic surveys, providing training to providers in Reno and Las Vegas, presenting findings at monthly Task Force meetings, and creating a draft report to an overarching steering committee.

Program Consultation

- ❑ Assisted the Ohio Department of Mental Retardation and Developmental Disabilities in the development of an automated cost report and instructions for agencies that serve the MR/DD population in community settings. Other aspects of this project included providing onsite training seminars for providers in Ohio on the cost report tool, collecting the cost data and answering technical questions, and analyzing the cost data received to provide a report that summarizes the cost of services at the individual client level.
- ❑ Assisted Ohio in 2003 in the study of inpatient and outpatient hospital expenditures over a five-year period to assess potential changes to rates paid to providers and the forecast of payments made by the Medicaid agency. This analysis included a report which focused on hospital-specific and peer group analyses of cost coverage, case mix, and occupancy trends. It also compared Ohio's hospital industry to national trends. Currently, Ohio has asked Mr. Podrazik to provide additional hospital trend analyses on more recent data as well as provide recommendations for changes to the DRG payment methodology and transitioning hospitals currently in a cost-based methodology to a new method.
- ❑ Assisted in multiple rate setting projects. Mr. Podrazik has built models which measured the impact of changes from converting from one payment methodology to another. Specific engagements have included rate setting for inpatient hospitals

in Arizona and Georgia, outpatient hospitals in Arizona and Ohio, nursing facilities in Arizona, and HCBS providers in Arizona and Nevada.

- ❑ Developed specific recommendations during EP&P's evaluation of Mississippi's Medicaid program for changes to the State's inpatient, outpatient, and nursing facility reimbursement methodologies in an effort to provide more equitable payments among provider groups and to contain costs.

Statistician

- ❑ Assisting a government entity and a hospital chain come to settlement on a lawsuit related to inpatient and outpatient hospital claims still unpaid by the government entity. This quick-turnaround settlement (four months) has ended a protracted five-year lawsuit. Using a statistical sample, Mr. Podrazik utilized verification techniques to prove whether specific claims in the dataset should be included in the settlement and proposed methods for settling on the remaining claims. Steps in the process included developing a protocol for excluding claims, conducting onsite audits of work already conducted to accept or deny claims for payment, and validating disputed amounts shown by both parties in the dispute. A walk-through of the steps of the protocol, findings of the audit, and recommendations were made to both parties. Because of both sides' satisfaction with the outcome from the first hospital settlement, Mr. Podrazik has been assisting both parties with settlements for additional hospitals in the chain that are in dispute between the two parties.
- ❑ Managed the implementation of cost collection surveys in 2001-2002 for home- and community-based providers in two states. Mr. Podrazik assisted the Arizona Department of Economic Security's Division of Developmental Disabilities collect cost information on which to set rates for residential per diem and hourly community services for the developmentally disabled population. Specific tasks Mr. Podrazik worked on included developing survey instruments for providers to complete, answering provider questions on EP&P's toll-free number, analyzing payment trends over a five-year period, forecasting utilization and expenditure trends across various provider and client populations, and comparing rates across other Arizona agencies that provide the same or similar services.

Management Consultant – Healthcare Practice Emphasis

- ❑ Serving as the project manager for EP&P's engagement with the Arizona Health Care Cost Containment System to change their methodology for payment of outpatient hospital services from a cost-to-charge ratio method to a fee schedule method effective in 2005. Using the Medicare OPPS as a starting point, Mr. Podrazik has worked with the State to design a payment methodology and fee schedule that more specifically caters to Arizona's Medicaid population. The fee schedule will include all major outpatient services including ER, outpatient surgery, laboratory, radiology, clinic and HCPCS "letter codes." Mr. Podrazik

- has developed models that measure the impact of converting to the new payment system from the current cost-to-charge ratio methodology. He has met with industry representatives, AHCCCS' health plans, and Medicaid staff members to discuss methodology design as well as billing and other implementation issues.
- ❑ Serving as project manager to assist AHCCCS in rebasing their fee-for-service rates paid to nursing facilities effective in 2005. Mr. Podrazik was the lead analyst during the last rebase in 2001. This rate setting activity involves surveying providers on wage information as well as analyzing cost report data for indirect care and capital expenditures. The new rates will reflect an analysis of person-specific utilization assessments across time-and-motion studies. Mr. Podrazik participates in meetings with an industry workgroup and briefs AHCCCS Executive Management on findings and options for changes to the payment methodology.
 - ❑ Assisted AHCCCS calculate DSH payments using claims and encounter data, Medicare cost report data, and special program data. The project included modifying the methodology to account for changes in DSH payment policy.
 - ❑ Worked as an analyst on two of EP&P's large-scale inpatient rate setting projects. In Georgia, EP&P transitioned the Medicaid agency to a DRG payment methodology. Mr. Podrazik analyzed trends in cost report data, wrote issue papers for the treatment of certain claim types, modeled the impact of policy decisions made by the State, and created hospital-specific rate sheets that walked through the payment methodologies for presentations to the hospital industry. In Arizona, he worked on the team that rebased AHCCCS' tiered per diem rates. Analyses focused on cost trends and impact models between current and rebased rates.
 - ❑ Served as project manager of a survey conducted of all 50 states to identify key characteristics (both operational and programmatic) of their consumer-directed programs for the physically and developmentally disabled, persons with traumatic brain injury, and persons with Alzheimer's disease. The final report and database developed was delivered to the U.S. Department of Health and Human Service's Assistant Secretary for Planning and Evaluation.

Education & Academic Qualifications

Johns Hopkins University, Baltimore, MD

Master of Business Administration – 2001

Master of Science in Business – 1996

Syracuse University, Syracuse, NY

Bachelors of Science in Finance and Marketing (dual major) – 1991

**John McCarthy, M.P.A.
EP&P Consulting, Inc.
Corporate Manager**

Mr. McCarthy joined EP&P Consulting, Inc. in 1996 and specializes in budgeting, program analysis, and program monitoring. Specific activities have focused on cost report development, provider rate setting, budgeting and financial evaluation, and provider network analysis. Mr. McCarthy previously served as an analyst in the Arizona Governor's Office of Strategic Planning and Budgeting.

Representative Accomplishments

Program Consultation

- ❑ Assisting the Ohio Department of Jobs and Family Services in analyzing the impact of changing the Medicaid payment system for institutional providers (nursing facilities, ICFs-MR, and hospitals). The analysis includes writing a report that is to be used in the federally-required public process whenever Medicaid rates are changed. Analysis has included creating impact models to predict the change of various Executive and Legislative proposals. The models compare the impacts of the proposals examining differences between urban vs. rural, large vs. small, for-profit vs. not for-profit, and high Medicaid utilization vs. low Medicaid utilization. Additionally, the report provides a review of the overall health of the specific provider industries nationwide and in Ohio and also compares Ohio's policies, reimbursement levels, and payment system to other states.
- ❑ Served as the project manager for the rebasing of the Medicaid inpatient hospital reimbursement system for the Georgia Department of Community Health Division of Medical Assistance. The rebasing process included reviewing hospital cost report information, calculating hospital specific cost-to-charge ratios, calculating the amount for capital and graduate medical education add-ons, recalculating relative weights, and calculating peer group base rates. Other project tasks included modeling the financial impact of various reimbursement methodologies, meeting with the hospital association to provide periodic updates on the project, and creating hospital-specific rate sheets that walked through the payment methodologies for presentations to the hospital industry.
- ❑ Managed the claims requirements analysis that explored the feasibility and costs associated with transferring the claims processing services performed by Hawaii's existing fiscal agent to the Arizona Health Care Cost Containment System's Prepaid Medical Management Information System (PMMIS).

- ❑ Analyzed the Information Management System for AHCCCS to ensure the appropriate federal matching for the HCFA 64 report and investigated enhanced match issues.
- ❑ Assisted the Commonwealth of Pennsylvania in various activities related to their HealthChoices initiatives. These included:
 - Creating a central file/indexing system for all documents related to the procurement process
 - Drafting the summary of the HealthChoices readiness review process
 - Collaborating with a team of Commonwealth employees in performing an on-site review of the fiscal health and claims system performance of one of the health plans
 - Drafting a physical health Monitoring Manual, which was designed as a user-friendly, easily expandable document that provided both matrices to prioritize monitoring items and detailed action steps on how to monitor the items such as the financial reports, provider networks, service delivery, data reporting, and quality performance measures
- ❑ Assisted the Arizona DES/DDD in the procurement of habilitation and room and board services. Tasks included drafting a Request for Proposal, creating historical financial reports and budgeting tools to be used by respondents to the RFP, developing evaluation tools to be used by the Division, and moderating public meetings with the providers.
- ❑ Drafted a monitoring manual to be used for the Contracted System Administrator (CSA) for the State of New Jersey's Children's System of Care Initiative. The role of the CSA is to support utilization management, care coordination, quality management and information management for a comprehensive system of care for children with emotional and behavioral disturbances and their families. The manual is designed to be used over the three phases of the project and includes matrices to prioritize monitoring items and detailed action steps that are easy to follow directions on how to monitor items such as financial reporting, service delivery, and performance measures.
- ❑ Worked with AHCCCS proposal evaluation teams on the procurement of health plans as a third party verification agent. Verification entailed ensuring that all proposals were scored both consistently and accurately for items such as provider network development, proposed services, member services, quality/utilization management, and network management.

Management Consultant – Healthcare Practice Emphasis

- ❑ Currently serving as the project manager of a system redesign project for the Ohio Department of Mental Retardation and Developmental Disabilities. Mr. McCarthy managed the design, administration, collection, and analysis of cost survey data received from Ohio's developmental disabilities community service

providers. The surveys were designed to be used in conjunction with a statewide needs assessment so that individual funding levels and a fee schedule could be developed for a series of new Medicaid waivers the State is developing for its MR/DD individuals. Mr. McCarthy oversaw the development of funding ranges developed using multivariate regressions and discriminant function analysis that will place individuals in a funding range that will be used as a budget to develop the individual's service plan. Because the development of the new reimbursement system in Ohio is built on a consensus approach, Mr. McCarthy also participates with the State in public meetings with the provider community and county boards of MR/DD to develop the new reimbursement system.

- ❑ Assisted the Arizona Health Care Cost Containment System with an analysis of the preadmission screening process (PAS) used to place people into the Arizona Long Term Care (ALTCS) program. To this end, Mr. McCarthy reviewed the operational processes and outcomes of PAS including:
 - Criteria and frequency of reassessment
 - Criteria for referral to physician review including both criteria that are mandated in rule and those that are optional
 - Staffing and recruitment
 - PAS outcomes statewide and by geographic region
 - Physician oversight
 - Criteria and structure of the transitional program
 - PAS eligibility and placement problems identified by management and staff

In addition to examining the PAS operational process, Mr. McCarthy examined innovative approaches in other states including new tools, reassessment short forms, and targeted reassessments. The analysis also included an analysis of where ALTCS stands in relation to the size of other states' long term care programs. In other words, given the number of elderly in the state, is ALTCS about the right size and should it be growing as fast as it is?

- ❑ Completed an analysis of selected assessment tools used to measure resource needs of individuals with mental retardation and development disabilities for the Oklahoma Department of Human Services, Developmental Disabilities Services Division (DDSD). The analysis culminated with a report that provided an overview of how a sample of states' developmental disabilities programs use a number of assessment tools to measure the support needs of individuals with mental retardation and developmental disabilities living in the community. Six assessment tools and the eight states using these tools were studied.

Management Consultant – Healthcare Research Emphasis

- ❑ Analyzed cost coverage of the State of Georgia's long-term care reimbursement system in response to a lawsuit filed by long-term care health facilities.
- ❑ Provided fiscal and policy analysis to a District of Columbia children's hospital on various proposed program and policy changes by the local DC government.

- ❑ Developed administrative budget estimates for the expansion of health care coverage in Arizona to 100 percent of the federal poverty level.
- ❑ Assisted in the development of a per diem reimbursement system for Oklahoma's Department of Human Services, Developmental Disabilities Services Division (DDSD). The first phase of the project included creating and analyzing person-level files for service utilization, modeling the impact of various reimbursement systems on both providers and consumers, identifying both policy and operational issues associated with the various reimbursement systems, and creating provider-specific rate sheets that walked through the payment methodologies for presentations to each provider. The second phase of the project included creating a cost report to be completed by the providers that offer services to participants in the DDSD programs. Mr. McCarthy designed and completed an analysis of historical utilization of waiver services patterns over time, examining both the change in service needs of individuals as they age and in the use of waiver services as new service options and waivers become available.
- ❑ Created person-level records by pulling data from three different tracking systems to determine service utilization for consumers in the Rhode Island Citizenship Health Opportunities Interdependence Choices Environments Supports (CHOICES) waiver.

Education & Academic Qualifications

Indiana University - Bloomington, IN
School of Public and Environmental Affairs
Master of Public Affairs - 1994

Indiana University - Bloomington, IN
College of Arts & Sciences
Bachelor of Arts in Chemistry – 1992

**Lori Petre
EP&P Consulting, Inc.
Senior Consultant**

Ms. Petre joined EP&P Consulting, Inc. (EP&P) earlier this year, and brings with her extensive experience in information systems development and operations. With her 20 years of experience at Arizona's Medicaid agency (AHCCCS), she brings a wealth of experience in the many facets of operations management of a Medicaid program.

Representative Accomplishments

While at EP&P Consulting:

Program Review and Evaluation

- Working on a project management assessment of the claims operations of Community Partnership of Southern Arizona. This involves both an overall assessment of the current processing operations and the development of an action plan for noted issues or deficiencies.

Program Consultation

- Serving as the primary liaison between AHCCCS and its health plans in preparing for implementation of the new pricing logic for payment of outpatient services under a fee schedule methodology. She has been meeting with AHCCCS' health plans regularly to assess their readiness to implement the new pricing logic and has been the lead on systems testing at AHCCCS. This includes developing the tables that feed into the pricing logic and developing test scenarios for both AHCCCS and its health plans to use to assess their readiness.
- Developing rates for therapy services for Arizona's Division of Developmental Disabilities. This involves both an assessment and revision of service definitions, analyzing historical costs and rates paid to providers, as well as analyzing market-based trends in rates paid to therapists in order for the Division to create competitive rates.

Management Consultant – Healthcare Research Emphasis

- Working on a project to redefine the pre-admission screening tool used to determine eligibility of benefits for the elderly and physically disabled for AHCCCS. This involves pilot testing the new form and analyzing data that places recipients into levels of care and comparison to current methodologies.

While working for Arizona Health Care Cost Containment System from 1985 to 2005, Lori Petre held the following positions:

- ❑ Information Services Testing and HIPAA Project Manager (2003-2005)
 - Project Management of the Arizona and Hawaii Transactions and Code Sets implementation activities
 - Coordination of status on HIPAA efforts with CMS
 - Oversight and coordination of Requirements, Design, Development and implementation of the HIPAA TCS Project in the AHCCCS MMIS
 - Testing Personnel management and coordination
 - Oversight of System Development/Project Plans and delivery standards
 - Monitoring and coordination of project related budgets
 - Oversight and coordination of documentation development and end-user training activities
 - Management, oversight and coordination of all system acceptance testing for AHCCCS MMIS applications
 - Project Management of the AHCCCS/DES Acute Care Claims Processing Project
 - Coordinated and monitored interfaces with executive management, internal staff and outside entities
 - Development and implementation of division specific policies, procedures and standards in support CMM objectives
 - Coordination and oversight of the MMIS acceptance test regions for Arizona and Hawaii
- ❑ Hawaii-Arizona PMMIS Alliance Project Manager (2001-2003)
 - Project Management of the Hawaii Claims MMIS implementation efforts
 - Coordination of relationships and interfaces between Hawaii and Arizona customers and CMS
 - Oversight and coordination of Requirements, Design, Development and implementation of the Hawaii Claims MMIS
 - Personnel management and coordination
 - Development of System Development/Project Plans and delivery standards
 - Establishment and coordination of project related budget
 - Oversight and coordination of documentation development and end-user training activities
 - Oversight and coordination of system acceptance testing
 - Monitoring and oversight of all project change control activities
- ❑ Information Services Applications Manager (2000-2001)
 - Oversight and coordination of MMIS software applications development teams

- Coordination of relationships and interfaces with internal customers, external customers and CMS related to MMIS efforts and projects
 - Coordination of project and department related budget activities
 - Development and implementation of division specific policies, procedures, and standards
 - Oversight and coordination of Hawaii Managed Care MMIS department process and standards
 - Coordination and approval of all processing system enhancements, changes or corrections
 - Personnel management and coordination
 - Establishment, implementation and oversight of quality control processes
 - Development of System Development/Project Plans and delivery standards
- Claims Administrator (1997-2000)
- Administration of 1.5 million Fee for Service and 100,000 Reinsurance Claims annually
 - Oversight and coordination of Provider Registration and Provider Assistance
 - Oversight and coordination of claims imaging functions
 - Oversight and coordination of user acceptance testing
 - Oversight and coordination of claims medical review functions
 - Claims Budget tracking and development
 - Initiation and approval of all processing system enhancements, changes or corrections
 - Personnel management and coordination
 - Provider training oversight
 - Initiation and approval of all processing system security
 - Establishment, implementation and enforcement of operational policies and procedures
 - Development and review of functional area documentation, desk level
 - Procedures processing standards and training materials
 - Coordination and review of the AHCCCS Provider Manual
 - Establishment, implementation and oversight of quality control processes
- Claims Operations Manager (1994-1997)
- Management of Fee for Service and Reinsurance Claims Processing Units
 - Management of a user acceptance testing team
 - Development, implementation and enforcement of operational policies and procedures
 - Coordination of internal and external claims related communications
 - Definition and maintenance of business rules
 - Management of special projects

- Project Management of the Claims replacement system development and implementation
- Analysis and Systems Coordination Unit Manager (1992-1994)
- Business Analyst (1989 to 1992)
- Administrative Assistant (1989 to 1992)
- Registration Analyst (1985 to 1987)

Education & Academic Qualifications

University of Phoenix, Phoenix, AZ
Bachelor of Arts in Business Management

**Steven C. Abele, M.A.
EP&P Consulting, Inc.
Senior Consultant**

As a member of the EP&P Consulting team, Mr. Abele has over six years of experience in the health care industry and expertise in revenue performance monitoring, performance improvement, admitting and patient financial services in large tertiary care settings. He has worked with small to medium-sized hospitals to optimize processes and implemented measurements to determine service profitability and defined utilization issues. He has also monitored and measured outsourced patient financial service functions including overseeing charge capture and patient and physician relations. Mr. Abele also has experience in general accounting, budgeting and cost accounting. He possesses an in-depth knowledge of billing and collection procedures relating to managed care reimbursement.

Representative Accomplishments

Program Consultation

While at EP&P:

- ❑ Assisted in EP&P's successful mediation of a lawsuit between an Arizona hospital and a government entity over unpaid inpatient and ER claims. Analysis included auditing patient accounting records at the hospital site against disputed charges and verifying eligibility criteria to determine if the disputed claim should be paid.
- ❑ Provided analytical support on EP&P's project to design a HIFA waiver for the State of Nevada.

Prior to EP&P:

- ❑ Performed a number of accounting and operational functions for the Merced (CA) Hospitals, Community and Dominican Campuses including:
 - Participating in post-payment review of inpatient accounts from prior fiscal years
 - Redesigning, documenting and implementing changes to general cost accounting systems enabling facilities to enhance available information.
 - Testing and processing financial information after new process implementation
 - Measuring service and utilization in various manners to determine potential performance enhancements
- ❑ Conducted regular meetings to discuss barriers and issues relating to Accounts Receivable (A/R) and devised strategies to decrease A/R days.

- ❑ Identified \$500k in uncollected funds for patients with Medicaid coverage.
- ❑ Increased on-site cash collections by over 80% in four months.
- ❑ Assisted in measuring outcomes of modeling system for managed care contract compliance and performance.
- ❑ Provided operational support for admitting management team for hospital.
- ❑ Implemented a process to track and control charity and bad debt expenses for hospital.
- ❑ Identified \$16 million in under-reported claims to the Arizona Department of Health Services, increasing the ability of facility to demonstrate utilization for the contract bid cycle.
- ❑ Implemented financial reporting and cost accounting system at Chandler Regional Hospital.
- ❑ Oversaw dataset, reporting and financial performance for Workers' Compensation demonstration project funded by the Robert Wood Johnson Foundation.
- ❑ Worked closely with employers and physicians to improve, measure and report performance changes.
- ❑ Provided training and technical support for new software applications and infrastructure.

Management Consultant – Healthcare Practice Emphasis

While at EP&P:

- ❑ Providing support for the State of Arizona, Division of Developmental Disabilities Fiscal Intermediary program implementation. Duties have included ongoing review and development for operational issues and processes created and modified during the implementation.
- ❑ Provided analytical support for the State of Arizona, Division of Developmental Disabilities provider rate increase implemented in the fall of 2004.
- ❑ Collected data and completed analysis and process mapping for the State of Louisiana Health Insurance Flexibility Act (HIFA) design.

Prior to EP&P:

- ❑ Designed and distributed monthly operational support reports to aid management in examining trends and performance in a tertiary care setting.
- ❑ Coordinated program with vendor to optimize the Medicaid eligibility process in a tertiary care setting.
- ❑ Worked on cross-functional teams to study various disease states, assisted in the implementation of identified process improvements and recorded cost improvements in a tertiary care setting.

Education & Academic Qualifications

University of Kansas, Lawrence, KS
Masters of Arts in Mathematics – 1994

Wichita State University, Wichita, KS
Bachelors of Science in Mathematics – 1991

Course Completion

Harvard School of Public Health, Boston, MA
“Quality of Health Care in the Era of Consumerism”

Intermountain Health Care, Salt Lake City, UT
“Advanced Training Program in Health Care Delivery Improvement”

**Craig Srsen, M.P.P.
EP&P Consulting, Inc.
Senior Consultant**

Mr. Srsen joined EP&P Consulting, Inc. in 2001. He is a graduate of the Georgetown Public Policy Institute at Georgetown University. Mr. Srsen uses SAS® and other analytical tools to conduct statistical analysis and rate setting as well as research on rate setting and budget modeling projects for EP&P. He is currently the lead programmer on EP&P's engagement with the Arizona Health Care Cost Containment System to develop alternative payment methodologies for outpatient services.

Representative Accomplishments

Program Consultation

- ❑ Researched and analyzed the cost reporting methods states use for setting rates for mental retardation and developmental disabilities services. This information is used to find best practices for redesigning state rate setting systems.
- ❑ Provided technical support to community providers submitting cost data to the Ohio Department of Mental Retardation and Developmental Disabilities. The Department used cost surveys in electronic format to collect cost information from a variety of supported living and residential community providers in an effort to better understand the market cost of long-term support services.
- ❑ Researched day training and treatment programs and foster and adoptive home recruitment programs for persons with developmental disabilities across a number of different states.

Statistician

- ❑ Developed analyses of Medicaid-reimbursed outpatient hospital services in Arizona, with the goal of designing new procedure-based fee schedules. Mr. Srsen designed SAS® programs that calculate new fees based on the median procedure cost, including aggregated costs of bundled packages of procedures for some service categories. Rate development was tested on three different years of historical data. This analysis also involved the recalculation of hospital cost-to-charge ratios for the reimbursement of the remaining services not covered by the new fee schedules and a calculation of the budget impact of implementing the fee schedules.
- ❑ Calculated micro-utilization and payment trends to assist Arizona's Department of Economic Security forecast expenditure trends for Medicaid services for the

developmentally disabled under a budget model that EP&P developed that is being used in conjunction with the development of new provider payment rates.

- ❑ Assisting in the redesign of the reimbursement system for the home- and community-based developmental disabilities program in Ohio. Mr. Srsen has designed and developed SAS® programs to analyze the quality of the provider cost and utilization data. He has designed multivariate regressions and discriminant function analyses using cost data, rate data and assessment data that was collected for HCBS services in Ohio. The goal is the development of a model that will place individual clients in a funding range that will be used as a budget to develop the individual's service plan and modeling various options for computing the actual statewide provider rates.

Management Consultant-Healthcare Research Experience

- ❑ Performed quantitative analysis of authorizations for a state's Medicaid waiver services to search for potential service utilization changes over a period of years as the service population increased and new services were introduced.
- ❑ Analyzed person-level data for utilization and expenditure trends for two focus studies for Indiana's SCHIP program. The first study analyzed the diagnosis and treatment of children with asthma. The second analyzed the nature and frequency of well-child visits to assess the State's success in meeting its goals in this area.
- ❑ Researched the adequacy and availability of pediatric health care services to children for a State in support of its defense in litigation brought against it. This research included analyzing the population and distribution of general and family practitioners in the state.
- ❑ Researched the use of pharmaceutical purchasing pools and drug purchasing review boards by state agencies across the country.

Other Experience

While a Researcher at the National Academy of Public Administration:

- ❑ Assisted the project team in analyzing and evaluating the research, demonstration, and strategic planning needs of the Centers for Medicare and Medicaid Services (formerly HCFA). This project clarified the functional role of the Office of Strategic Planning within CMS, a role that was never clearly defined following the agency's 1997 reorganization.
- ❑ Assisted the project team in developing new interagency coordination mechanisms among the five federal land management agencies for managing wildland fires. Part of this project involved hosting a two-day conference of

federal managers from around the country who will be critical in adopting and implementing these new mechanisms.

While a Lobbyist at The Carmen Group, Inc.:

- ❑ Managed the federal relations for a state highway and transportation department, including developing its annual federal strategy, meeting with Members of Congress and congressional staff on state transportation priorities, and securing authorizations and appropriations for state transportation projects. Provided assistance in similar activities for six other state departments of transportation and approximately 20 other state and local public sector agencies in both transportation and water resources.

While a Student at the Georgetown Public Policy Institute:

- ❑ Analyzed wage outcomes of college education using a statistical correction for self-selection. Using such variables as academic ability, parental influence, and other factors that increase the likelihood of college graduation, demonstrated that the estimated return to college education for a self-selecting college student is much smaller than the estimates used by the federal government in developing education policy.

Education & Academic Qualifications

Georgetown University, Washington, DC
Master of Public Policy – 2001

Winona State University, Winona, MN
Bachelor of Arts in Political Science – 1994
Concentration: International Affairs

**Yongping Zheng
EP&P Consulting, Inc.
Consultant**

Mr. Zheng recently joined EP&P and brings with him more than ten years of experience performing psychometric and statistical research, and developing customized database applications and generating special reports using Microsoft Access, SQL, Visual Basic, and SAS.

Representative Accomplishments

Statistician

While at The American Registry for Diagnostic Medical Sonography

- ❑ Generated statistical reports using SAS and Access database applications.
- ❑ Performed educational survey and psychometric research.
- ❑ Analyzed exam results and test item reliability using SAS and SPSS.
- ❑ Created statistical reports and credential distribution reports using SAS, VB, and database queries.
- ❑ Developed ExamWriter System and ARDMS Information System databases using Microsoft Access, SQL, and VB programming. Managed both databases, trained coworkers to use them for data entry and manipulation, and created various reports.

While at the Tissue Culture Lab, University of Maryland at College Park

- ❑ Used the Data procedure of SAS to manipulate (merge, subset) data from an irradiation and tissue culture experiment.
- ❑ Applied the GLM model of SAS to test the main, simple, and interaction effects for the irradiation experiment.
- ❑ Applied the Univariate procedure of SAS to examine the possible data errors and compute the Shapiro-Wilk's W statistic to test normality of the data.
- ❑ Used the MIXED model procedure and the model-fit criterion, Schwartz's Bayesian Criterion (SBC) computed by MIXED to choose the variance structure and test the fixed and random effects for the data from the

fertilization experiment on black locust trees, and for the data from a 3 by 2 factorial experiment with a randomized complete block split-plot design.

- ❑ Employed the LSD test for separations of group and treatment means (LSMEAN) of the resistance experiment. Used the CONTRAST statement in the MIXED procedure to estimate effects of resistant versus susceptible group in non-fertilization and fertilization treatments.
- ❑ Used multiple linear regression analysis and the R-square selection method of SAS to select a suitable subset of important variables that could be used to better predict the oviposition nonpreference in the resistance experiment.
- ❑ Manipulated and analyzed various experimental data using SAS for the Vegetable Laboratory of the United State Agriculture Department.

Education & Academic Qualifications

University of Maryland, College Park, MD
Ph. D. in Natural Resource Sciences – 1998

South China Normal University, Guangzhou, P. R. China
M. S. in Genetics – 1987

South China Teachers' College, Guangzhou, P. R. China
B. S. in Biology – 1982

Sophie (Qiao) Wang
EP&P Consulting, Inc.
Consultant

Ms. Wang recently joined EP&P Consulting, Inc. She brings her experience in mathematical and statistical modeling, logistic regression, factor analysis, and resampling methods. At EP&P, she has been working on both on research-oriented projects as well as SAS[®]-based analysis projects.

Representative Accomplishments

Statistician

- ❑ Organized and evaluated claims and eligibility data for the DC Healthcare Alliance Data Analysis. Formulated an estimate of the number and percentage of Alliance enrollees who would meet a disability test and to establish a base year per member per month cost that would represent a fair cost ceiling for these individuals. Ms. Wang participated in preparing and submitting reports on the disability data analysis for the District of Columbia.
- ❑ Reviewed and verified sampling methodology for a two-stage sampling of claims done for Maricopa County for litigation and settlement discussions over outstanding claims from hospitals.
- ❑ Organized program related data for the Arizona Department of Health Services, Division of Behavioral Health Services and rolled up raw data sets to assist further analysis.
- ❑ Organized two years of pharmacy data to assist in the analysis of increasing pharmacy costs for the Office of Budget and Management in Ohio.
- ❑ Currently organizing and analyzing eligibility, UB-92, dental, and pharmacy claims and encounter data for the Indiana's Children's Health Insurance Program. Assisting evaluation of data by applying appropriate statistical techniques. Participating in preparing reports on the CHIP service utilization and the Childhood immunization status.

While Data Analyst at Hainan International Trust & Investment Corporation:

- ❑ Developed sampling frameworks for stock market research. Applied simple random sampling and stratified random sampling methods for different research projects. Ms. Wang collected research related data applying multiple methods and tools. Analyzed financial and investment information to predict future trends and patterns using appropriate statistical techniques.

- ❑ Prepared and submitted company, industry and economic outlooks, analytical reports and correspondence used to clarify a specific problem, topic or issue.

Other Experience

While Data Analyst at Hainan International Trust & Investment Corporation:

- ❑ Provided consulting services and training to stock investors in the areas of trading techniques, software applications, and investment advices and recommendations to maximize both business and personal economic growth efforts.

Education & Academic Qualifications

Utah State University, Logan, UT
Master of Science in Statistics - May 2004

Utah State University, Logan, UT
Master of Science in Economics - May 2003

Renmin University, Beijing, China
Bachelor of Science in Economics/Trade – July 1997

Gretchen Engquist, Ph.D.
EP&P Consulting, Inc.
Technical Advisor

One of the founders of EP&P Consulting, Inc., Dr. Engquist specializes in the design and implementation of health, behavioral health, and long-term care reform initiatives. For over twenty years, Dr. Engquist has been involved with the Medicaid program and is known nationally for her work in Medicaid managed care, program financing and funding strategies, reimbursement and rate setting, and policy development. Dr. Engquist has been working with a number of states and organizations in restructuring community based long-term care and behavioral health programs for people with physical disabilities, developmental disabilities, mental illness, and substance abuse problems. This work ranges from addressing differences in county administered and funded programs to developing consumer-directed programs for persons with disabilities. Her work also includes the development, negotiation, and implementation of waiver programs and rate setting systems that address the community support needs of various populations. Dr. Engquist has provided consulting services to ADHS since 1984, AHCCCS since 1986, and ADES since 2000. Currently, Dr. Engquist is a member of the American Association for the Advancement of Sciences and the author of numerous research articles on health care cost containment and reimbursement topics. She has addressed national associations on health, long-term care, and behavioral health policy issues.

Representative Accomplishments

Program Review and Evaluation

- ☐ Conducted the case manager service plan reviews for the first five years of the long-term care program for ALTCS. These reviews assessed compliance with case management standards as well as the adequacy and quality of care approved.
- ☐ Evaluated claims processing options for ADHS and determined the optimal and most cost effective approach.
- ☐ Developed and conducted the readiness review of the selected contractor for the New Jersey children's mental health initiative. In addition, developed ongoing performance standards and monitoring tools.
- ☐ Developed and conducted the readiness review for the Nevada Managed Dental program operated through the health plans and the University of Nevada, Las Vegas School of Dentistry. Due to initial findings during the readiness review process, corrective action plans were developed with time frames and the plans and School of Dentistry were re-reviewed before they were allowed to go live.

- ❑ Currently reviewing the financial performance of Maricopa Health Systems in acute and long-term care.

Program Consultation

- ❑ Currently assisting the State of Ohio in the restructuring of services for people with developmental disabilities through a major waiver redesign and federalizing county funded services. This work includes analyzing differences in how counties currently purchase services and how these differences can be accommodated in a transition policy for implementation of a statewide reimbursement and funding level system.
- ❑ Assisted Rhode Island in the design and implementation of the Citizenship Health Opportunities Interdependence Choices Environments Supports (CHOICES) demonstration for adults with developmental disabilities. CHOICES offers community support in a consumer-directed framework. CHOICES participants choose to obtain services through agencies or to manage their own plan through a fiscal intermediary. Each participant has a specific funding level. Dr. Engquist's work in Rhode Island included the development of funding levels based on the Personal Capacities Inventory for 24-hour supports, family supports, and day programs. This work also included drafting waivers, drafting and negotiating the Advanced Planning Document (APD), developing an implementation plan, developing acute and community support performance standards, assisting in the design of needed management information systems, and assisting in the development of individual funding levels.
- ❑ Provided assistance to the Community Behavioral Healthcare Association (CBHA) of Illinois since 1994 in developing strategies to maximize federal funds through reviewing service definitions and eligibility processes, developing strategies for managing care, developing strategies to meet Olmstead and Health Insurance Portability and Accountability Act (HIPAA) requirements, and participating in discussions with state agencies on expanding use of the rehabilitation option and developing waivers to meet the needs of individuals, both adults and children, with mental illness and substance abuse problems.

Statistician

- ❑ Performed discriminant function analyses required to score the preadmission screening tools for ALTCS.
- ❑ Performed for Ohio all analyses including multiple regressions and discriminant function analyses required for linking assessment data to funding levels for people with developmental disabilities.
- ❑ Reviewed the statistical sampling for adequacy in ongoing litigation between Maricopa County and hospitals.

- ❑ Reviewed the statistical underpinnings of Florida's proposed scoring of the preadmission screening.
- ❑ Performed the statistical analyses of utilization of services for people with disabilities in Ohio to demonstrate that many services are available and used beyond the DD HCBS waivers.

Management Consultant - Healthcare Practice Emphasis

- ❑ Dr. Engquist (with Dr. Jeanne McGee) completed statewide member (14,000 members), physician/office manager (1,400 providers), and dental (300 providers) surveys for AHCCCS. This work included obtaining grants to conduct the survey, designing the survey sample, developing the survey tools, supervising the conduct of the survey, performing all statistical analyses, and writing and publishing reports.
- ❑ Since implementation of the ALTCS program in 1989, Dr. Engquist has continued to assist Arizona in oversight of ALTCS and implementation of program changes. This work includes updating case manager standards, participating in the clinical audit of individuals in home and community based settings, updating the pre-admission screening tools, assessing the impact of trusts on eligibility, evaluating the program's cost effectiveness, and developing standards for new services offered by program contractors.
- ❑ Conducted an overall review of the Medicaid program in Mississippi including the operation of waivers that examined administration of the program, financing, operations, and information systems.

Management Consultant – Strategic Planning Emphasis

- ❑ Developed the strategy and negotiated the first two HIFA waivers to be approved by the federal government while assisting the State of Arizona.
- ❑ Assisted Arizona in the design and development of the Arizona Long Term Care System including the program's objectives, design, funding, and implementation strategies. This work included participating in the design and development of the Long-Term Care Eligibility and Determination System and the Client Assessment and Tracking System (LEDS/CATS) for the State of Arizona. The CATS system provided on-line pre-admission screening data and the case manager's service plan for each individual.
- ❑ Currently assisting Oregon in defining the next generation of the Oregon Health Plan including developing the waiver strategy, design of benefit plans, and converting a private sector employer and individual health insurance program to Medicaid.

Management Consultant – Healthcare Research Emphasis

- ❑ Prepared a retroactive claim for additional FFP based on retroactive eligibility and services covered by Title XIX for ADHS.
- ❑ Designed and implemented the first preadmission screening used by the ALTCS program in 1989 and updated those tools in 1992 for EPD and DD in 1995. In 2004, prepared an analysis of strategies to maintain the integrity of the PAS.
- ❑ Designed a rate assessment tool in 2003 and 2004 for ADES DD to use in determining the rate paid on a statewide basis to independent providers. The rate assessment tool evaluates environmental factors, distance, safety, behaviors, medical needs, ADL's and the availability of nonpaid caregivers that can assist the paid independent provider. An automated scoring system and database was also developed as part of this process.
- ❑ Evaluated the preadmission screening requirements and case management protocols for New York's long-term care (LTC) programs, including an assessment of the similarities and differences in the tools used as criteria for program entry, resulting in the development of a work plan for the design of a tool to use across the eleven NY LTC programs. The project goals included the development of common admission criteria, consolidation of programs where appropriate, and profiles of the types of patients in long-term care.

Education & Academic Qualifications

Duke University - Durham, NC

Round Table of Science and Public Affairs

Postdoctoral fellowship - 1978

University of Virginia - Charlottesville, VA

Master of Arts in Experimental Social Psychology

Doctorate of Philosophy in Experimental Social Psychology - 1977

University of Wisconsin - Madison, WI

Bachelor of Arts in Psychology and Political Science - 1973

Jeanne McGee, Ph.D.
Subcontractor

Dr Jeanne McGee, Ph.D., a principal at the consulting firm of McGee & Evers Consulting, Inc., specializes in writing, designing, and testing health-related materials for culturally and linguistically diverse audiences and people with low literacy skills. She is a sociologist who taught at Duke University, Duke Medical Center, and the University of Oregon.

Dr. McGee provides program evaluation, custom research, surveys, and focus groups for clients that include state and local government agencies, health plans, corporations, health care coalitions, hospitals, universities, private foundations, research and health policy institutes, consulting firms, and community organizations and has done so for 18 years. She places great importance on developing long-term relationships with her clients; nearly all of the consulting projects done by the firm are repeat business with existing clients or by referral.

Representative Accomplishments

Program Review and Evaluations

- ❑ Served on a number of expert panels for government programs and foundation-sponsored research. This work includes serving as a review of draft of the National Healthcare Quality Report in Spring 2004 as well as serving on several expert panels for projects that involve Medicare information materials, health care quality indicators (such as measures of nursing home care), and evaluation of managed care programs.
- ❑ Served as a member of the National Work Group on Consumer Health Information convened by the Agency for Health Care Research and Quality (AHRQ), the Centers for Medicare & Medicaid Services (CMS), and the Office of Personnel Management in 2000. This work group provided advice and assistance related to the creating of a new website called Talking Quality. She currently serves on the national Advisory Board for Talking Quality.
- ❑ Completed a 350 page manual titled *Writing and Designing Print Materials for Beneficiaries: A Guide for State Medicaid Agencies*. The *Writing and Designing Guide* gives information and practical advice to help states communicate more effectively with beneficiaries, covering issues related to low literacy, cultural and linguistic diversity, language translation, graphic design, testing, and evaluation. It includes a detailed Checklist for Assessing Print Materials and a directory of resources for further information. The Guide was distributed for free by HCFA to state agencies and others.

Management Consultant – Healthcare Practice Emphasis

- ❑ Worked on many projects related to Medicaid and to CAHPS (Consumer Assessment of Health Plans). Medicaid projects include collaborating with EP&P Consulting Inc. on the survey projects for AHCCCS, including the first AHCCCS Member Survey done in 1996, and surveys of physicians and dentists done in 1998 and 1999. In these projects, Dr. McGee has taken the lead on survey design, questionnaire development and testing, and reporting of survey results.
- ❑ Serving as a member of the national CAHPS Consortium, as a subcontractor to the Research Triangle Institute (RTI) CAHPS team. As a member of CAHPS inter-grantee teams for instrumentation and reporting, Dr. McGee has contributed to the development of the CAHPS questionnaires and reporting formats. She provided technical assistance to the State of Oregon CAHPS demonstration project, assisting with the Medicaid CAHPS survey and the survey of commercially-insured. She has given numerous presentations related to CAHPS, prepared materials for the CAHPS Survey and Reporting Kit, and published an article about CAHPS in Medical Care.
- ❑ Worked with the State of Washington Medicaid program on several projects. These include assistance with Washington's first Medicaid CAHPS survey (in collaboration with Oregon Medical Professional Review Organization), training of Medical Assistance staff in conducting interviews with beneficiaries to get feedback on draft versions of survey reports, and collaboration on the Oregon-Washington Multilingual Medicaid CAHPS project. Funded by the Office of Minority Health as a supplement to the national CAHPS project, this Multilingual Medicaid CAHPS project focuses on Medicaid beneficiaries who speak Spanish, Russian, and Vietnamese, exploring how they react to CAHPS survey questions and reports of CAHPS survey results.
- ❑ Worked with the Minnesota Health Data Institute (MHDI) on a variety of projects since the Institute was founded in 1994 by the Minnesota State Legislature. The first was to serve as lead consultant to the statewide 1995 survey of consumers. She developed a custom questionnaire for this project that surveyed Medicaid, Medicare, and commercially-insured consumers about their health care experiences. She developed and tested the report of survey results that was delivered to more than one-half million Minnesotans. In another project, Dr. McGee conducted focus groups with Medicare and other consumers to evaluate their interest in using quality performance information that compares clinics. During 1999, Dr. McGee assisted MHDI, the State of Minnesota, and the Buyers Health Care Action Group with overall design and reporting of their CAHPS projects.
- ❑ Acting as a consultant to NCQA, Dr. McGee did focus groups to get reactions from Medicaid and Medicare beneficiaries to HEDIS quality measures, and she wrote the appendix on consumer surveys for Medicaid HEDIS.

- ❑ Designed, moderated, and reported the results from many focus groups with different types of participants, including consumers, Medicaid and Medicare beneficiaries, physicians, nurses, dentists, medical and dental office staff, community leaders, state agency staff, retail sales staff, and customer service representatives.
- ❑ Completed numerous healthcare studies over the past several years addressing health care performance measurement issues, consumer judgments of health plans and medical care, strategies for sharing comparative health care information with consumers and purchasers, and helping providers use the information for internal quality improvement.
- ❑ Taught a six-hour methods seminar at the June 2000 meeting of AHSR (now the Academy for Health Services Research and Health Policy): “Using Focus Groups in Your Research: Basic Techniques, Challenging Issues, Practical Tips.” She also taught a “cyberseminar” for the Academy on the same topic in fall 2002.
- ❑ Developed and tested numerous survey instruments in her research projects and work with clients. Some of these survey tools have been adaptations of existing instruments, but many have been created to fill a specific need. She has published a resource guide call *Collecting Information from Health Care Customers: A Manual of Tested Questionnaires and Practical Advice*.

Educational & Academic Qualifications

University of Oregon

Finalist, University Wide Teaching Award – 1981

University of Oregon

Faculty Research Award – 1978

Duke University – Durham, NC

Faculty Research Award – 1976

Indiana University – Bloomington, IN

Indiana University Dissertation Fellowship – 1972-73

Doctoral Qualifying Examinations, Special Commendation – 1972

National Defense Educational Act Title IV Fellowship – 1970-1971

National Science Foundation Fellowship – 1971-1972

New School for Social Research – New York City, NY

Masters Comprehensive Examinations Passed With Distinction – 1969

University of California – Santa Barbara, CA

Bachelor of Arts Magna Cum Laude – 1967

**Andrew Cohen
The Pacific Health Policy Group
Subcontractor**

Mr. Cohen is a Director of The Pacific Health Policy Group and has fifteen years of experience in health care consulting. His areas of expertise include managed care strategic planning, program implementation and analysis for Title XIX and CHIP populations, and conducting competitive procurements for governmental agencies seeking to contract with managed care organizations.

He has assisted numerous state governments and provider organizations in the development of managed care and other specialized programs to serve TANF Medicaid and CHIP populations, as well as SSI and long term care beneficiaries. He also is experienced in fee-for-service rate setting, the design of Medicaid eligibility and case-mix reimbursement systems for developmentally disabled populations, and in program and reimbursement design for other Medicaid program components.

Mr. Cohen directed the project team in the development of Oklahoma's Medicaid managed care waiver program and also served as the firm's project manager in Tennessee and Orange County, California.

Representative Accomplishment

Program Consultation

- ❑ Assisted AHCCCS in the development of fee-for-service nursing facility and HCBS payment rates throughout the 1990's.
- ❑ Developed caseload/cost estimates and budget neutrality projections for the following Section 1115 waiver proposals:
 - Rhode Island Rite Care
 - Oklahoma SoonerCare
 - Vermont Health Access Plan
 - Alabama Better Access for You (BAY)
 - Kansas Community Care
- ❑ Assisting an interagency task force consisting of the Connecticut Departments of Mental Health & Addiction Services, Corrections, Children & Families and Court Supported Services (Juvenile Justice) to evaluate opportunities for performance-based purchasing of Substance Abuse and Multi-Systemic Therapy services. All of these departments currently purchase services independently from a common group of providers. Work is ongoing. Activities to date have included:
 - Collecting and analyzing each department's provider utilization and cost data over a several year period to develop a common database for use by all departments in evaluating provider performance

- Developing uniform credentialing standards, fiscal and performance standards, monitoring strategies, and tools
 - Developing integrated contracts with performance-based reimbursement mechanisms, to be managed by a single lead department on behalf of the others
-
- ❑ Consulted with the state of Oklahoma on development of a primary care partial capitation program to serve Medicaid beneficiaries in rural counties lacking an HMO contract, including meeting with physicians throughout the state during the program design phase, negotiating with CMS on the terms and conditions for the program's operation, drafting the initial provider contracts, assisting in the development of primary care capitation rates, developing a provider bonus payment system based on EPSDT screening rates, and assisting in the development of the state's quality monitoring program.
 - ❑ Assisting the state of Oklahoma in the implementation of managed care for the SMI/SED population, including developing a screening tool to determine SMI/SED status, constructing HMO capitation rates for SMI/SED enrollees, designing an encounter-based cost reconciliation process to determine HMO profits/losses attributable to their SMI/SED enrollees, and drafting a risk sharing arrangement to limit HMO losses and profits associated with serving the SMI/SED population.
 - ❑ Currently assisting the state of Vermont in its development of a Section 1115 long term care waiver program, whereby persons who do not meet traditional long term care clinical eligibility criteria will be enrolled in a new program with limited benefits designed to forestall their need for institutionalization or the full range of HCB services. Work has included development of the technical waiver proposal and accompanying budget neutrality tables and assisting in negotiating terms and conditions with CMS.

Management Consultant – Healthcare Practice Emphasis

- ❑ Conducted an evaluation of the Oklahoma SoonerCare program on behalf of the Oklahoma Legislature in 2001 to document its degree of success in meeting the access and budgetary objectives outlined in the original waiver proposal to CMS.
- ❑ Conducted a study on behalf of the Robert Wood Johnson Foundation in 2002, measuring service utilization and quality of care in California's Healthy Families (CHIP) program. The study compared beneficiaries enrolled in managed care in the state's urban counties, with beneficiaries in rural counties, who are served under a fee-for-service model.
- ❑ Conducted a study of the Vermont Community Mental Health Center (CMHC) system in 2004 on behalf of the Vermont State Legislature, including analyzing utilization and cost report data for each CMHC to document difference in unit

costs and staffing patterns, identifying best practices in Vermont and other states for possible replication, and developing a report with findings and recommendations for submission to the Legislature.

Management Consultant – Healthcare Research Emphasis

- ❑ Assisted in the design, implementation and re-testing of the Arizona pre-admission screening tools and scoring criteria used by ALTCS to determine program eligibility, including developing separate instruments for the elderly/physically disabled (E/PD) and developmentally disabled populations and conducting statistical analyses to verify the efficacy of the E/PD PAS at the instruction of CMS.
- ❑ Evaluated the feasibility of implementing a single clinical assessment and care-planning tool for all of Oklahoma's long term care programs in 2004, including conducting a national literature review to identify best practices in the area of clinical needs assessment, meeting with key public and private stakeholders to document attitudes toward the existing process, conducting a formal survey of nurse assessors to document their opinions regarding the existing instruments, and preparing a work plan with interim and comprehensive recommendations for reforming the existing process.
- ❑ Drafted Section 1115 waiver proposals and participated in negotiations with CMS on behalf of the following programs:
 - Rhode Island RItE Care
 - Oklahoma SoonerCare
 - Vermont Health Access Plan
 - Kansas Community Care

Other Experience

- ❑ Mr. Cohen came to The Pacific Health Policy Group from KPMG Peat Marwick, where he served as a Manager in the firm's National Health Policy Group. Prior to becoming a management consultant, Mr. Cohen was a senior analyst with the Southern California region of Kaiser Permanente, the nation's largest group model HMO. Before Kaiser, Mr. Cohen worked in the strategic planning section of the Scott & White Clinic, a 350-physician multi-specialty group practice based in Austin, Texas.

Educational & Academic Qualifications

Northwestern University-J L Kellogg Graduate School of Management
Master of Business Administration

Occidental College
Bachelor of Arts

Daniel R. Bretheim
Subcontractor

Mr. Bretheim brings with him extensive experience and expertise in data analysis with a broad understanding of information technology, including knowledge of advance multivariate statistical procedures, research design, simulation, modeling, and 20 years of SAS® programming. Mr. Bretheim is experienced in developing and implementing data driven decision support solutions, process improvement, and new business initiatives for major consulting firms and Fortune 100 pharmaceutical companies. Mr. Bretheim specializes in Data Mining, Business Model Simulation, Data Analysis & Reporting, and Design & Code Review.

Representative Accomplishments

Program Consultation

- ❑ Managed an ad hoc studies group that developed Mercer's first capitation risk analysis model for use by actuaries across the firm.
- ❑ Developed a capitated rate that would allow a pharmaceutical manufacturer to enter into an exclusive arrangement with an HMO to provide its members with all prescription drugs for the treatment of hypertension.
- ❑ Working with a Major Midwest Teaching Hospital, defined and priced two specialty products: Cardiac Disease and Women's Cancer. Designed capitation to include all related hospital, physician, laboratory, and radiology services.
- ❑ Developed a PC-based model for Radiation Oncologist to evaluate capitated rates offered by payers while working with the American College of Radiation Oncology. The model predicts expected number of cancers (by type) requiring radiation therapy for specific populations. For each cancer type, the number of patients and associated weeks of treatment are predicted. Using physician assigned relative value units, the model estimates a PMPM rate and expected total revenue to the Physician's practice.
- ❑ Working with the Gastroenterology Group Practice, developed capitated rate for a selected set of procedural services for group of Midwest consulting physicians using proprietary normative database.
- ❑ Automated labor-intensive process calculating client-specific health care utilization.
- ❑ Developed a management reporting system for the U.S. Department of Defense to monitor expenditures and utilization trends related to the provision of health care services to military dependents.

- ❑ Designed and developed software for Piece County Medical Bureau to compute target rates to evaluate hospital bids for contractual services under a PPO.
- ❑ Led an analysis team that developed software for calculating inpatient hospital prospective payment rates for Medicaid reimbursement for the Washington State Department of Social and Health Services.
- ❑ Built longitudinal databases of medical claims, prescription drug claims, and enrollee population data to support academic researchers under a HCFA grant at Harvard Medical School and at the University of Boston.
- ❑ Designed and managed development of software for the State of New Mexico Department of Human Services to derive DRG-based relative weights for using with the revised reimbursement methodology for hospital services.
- ❑ Designed analysis of cost, claim, and provider database required for computation of DRG-based reimbursement rates for the South Carolina Medicaid program.
- ❑ Led a pioneering data warehouse project that conceived, designed, and built one of the largest normative health care databases in the world.

Statistician

- ❑ Constructed a longitudinal database of all medical claims for individuals having specific diagnostic condition and analyzed physician prescription practices and the cost of various alternative drugs.
- ❑ Developed a PC-based model using demographic, revenue and utilization data to forecast hospital market share.
- ❑ Created a dependent enrollment simulation application used to create estimates of dependent counts for specific covered employee populations. Estimates were required for calculation of realistic health care utilization statistics.
- ❑ Provided data to a Medical Device Manufacturer to support market research projects related to their endoscopic instrument products.
- ❑ Detailed hands on design, programming, and analysis experience in the methodology related to the development of DRG-based reimbursement rates.
- ❑ Taught a graduate course in “Applied Managerial Statistics” within the MBA program at Keller Graduate School of Management over a two-year period.

Management Consultant – Healthcare Practice Emphasis

- ❑ Conducted a pilot study for a major home health care provider assessing the feasibility of moving therapy services (primarily infusion) from inpatient to outpatient settings. Per Member Per Month (PMPM) rates were calculated to validate estimates of potential savings.
- ❑ Designed and managed development of software to simulate impact of policy changes on reimbursement rates to hospitals for the Healthcare Education and Research Foundation, Inc.
- ❑ Designed and managed development of mainframe analysis and reporting system, for Washington State Department of Labor and Industries, to monitor utilization and medical expenditures for the State's Workers Compensation program
- ❑ Working with the Illinois Department of Public Aid, developed the research design for evaluation of the Illinois selective contracting program.

Other Experience

- ❑ Built a team in a start up environment that designed and implemented the overall information technology architecture in a high volume multi-channel (Internet, call center, voice response) data transaction environment, which contributed to a successful merger and spin off.
- ❑ Developed innovative technical solutions related to database design, simulation studies, and economic impact analyses.
- ❑ Authored a book titled "Systematic Data Analysis and Reporting: An Introduction to the Craft of Making Your Analytic Work Bulletproof".
- ❑ Achieved a 300% increase in efficiency for a database production process through re-engineering and the implementation of automated workflow technologies.
- ❑ Reduced database update processing time by 50% by re-engineering workflow processes and implementing procedures for ensuring database quality.
- ❑ Completed the first Data Mining Certificate program offered by SAS[®] Institute.
- ❑ SAS[®] Product Experience: Base SAS[®], version 9.1.2; advanced DATA Step programming; Enterprise Miner; Text Miner; SAS[®] Macro Language; SQL processing with SAS[®]; SAS[®]/ACCESS; SAS[®]/AF and SCL; SAS[®]/CONNECT; SAS[®]/FSP; SAS[®]/GRAPH; SAS[®]/STAT.
- ❑ Successfully implemented processes for rationally managing a 60-person development staff. One result was the ability to increase headcount (with a

resulting increase in department output) without increasing the annual \$10M+ budget.

- ❑ Saved over \$1M in capital expense by forming and leading a coalition of five diverse business units to select, configure, and implement a single enterprise wide contract management application, rather than five separate solutions.
- ❑ Contributed to business growth in a health care policy analysis consulting practice by bringing new clients to the firm and winning repeat engagements from existing clients.

Education & Academic Qualifications

University of Oregon

MS, Management (emphasis in Research Methods and Statistics)

Calif. State Univ. - Bakersfield

MPA, Public Administration (emphasis in Budgeting and Policy Analysis)

California Lutheran University

BS, Management (emphasis in Accounting and Finance)

SAS Institute

Data Mining Certificate

SAS® Certified Base Programmer

Institute for Certification of Computing Professionals

Certified Computing Professional

International Foundation of Employee Benefit Plans and the Wharton School of the University of Pennsylvania

Certified Employee Benefit Specialist

**C. J. Hindman, M. D.
Kachina Medical Consultants
Subcontractor**

Dr. Hindman is a physician who is board certified in family practice and internal medicine. He has spent more than 20 years in practice and more than 11 years as a medical director for three Medicaid related organizations. As a consultant, Dr. Hindman now provides his expertise to state governments and to private organizations that work with Medicaid and Medicare programs. He specializes in helping these organizations and states with all the clinical aspects of designing, implementing, administering, and evaluating health care programs.

Pertinent Work History

- ❑ Medical Director, DES/DDD, State of Arizona, 1/93 – 8/93. Was the first full-time medical director for this division of DES.
- ❑ Corporate Medical Director, Mercy Care Plan, Arizona, 9/93 – 5/00. This is the second largest contracted AHCCCS health plan.
- ❑ Chief Medical Officer (CMO), Deputy Director, AHCCCS, State of Arizona, 6/00 – 12/03. The only person to serve in both positions at the same time.
- ❑ Physician Consultant, Kachina Medical Consultants, 12/03 – present. Provides consulting services to Quality Improvement Organizations (QIO), External Quality Review Organizations (EQRO), and State governments.

Representative Accomplishments

Program Review and Evaluations

- ❑ Responsible for writing and updating the AHCCCS Medical Policy Manual, including the coverage policies, criteria for certain treatments to be reimbursable through the program, and the quality of care requirements for the entire Medicaid program for Arizona.
- ❑ Participated in the successful implementation of Proposition 204, a voter passed initiative that essentially doubled the membership in AHCCCS programs over three years.
- ❑ Participated in and had oversight of the Quality Management portion of all Operational and Financial Reviews (OFR) of the contracted health plans while serving as CMO at AHCCCS. This is the annual survey for contract compliance.

- ❑ Participated in the rewriting and redesign of the OFR tool used by AHCCCS.
- ❑ Participated on the Executive Management Team of AHCCCS, which, among other things, included review of programs and operations to assure compliance with all applicable federal and state requirements.
- ❑ Reviewed all corrective action plans (CAP) that related to quality of care or clinical/medical issues with all contracted AHCCCS health plans.
- ❑ Provided guidance and oversight of all quality of care and clinical/medical reports from AHCCCS. This included reports to the State Legislature and/or to CMS.
- ❑ Wrote all quality of care and performance standard reports from Mercy Care Plan to AHCCCS.

Statistician

- ❑ Developed a tool and process for validating the eligibility of members while at DES/DDD.
- ❑ Developed the Performance Standards while CMO at AHCCCS including the methodology, defining the minimum performance standard, goal, and benchmark for each standard.
- ❑ Regularly reviewed case files and medical records while serving as Corporate Medical Director at Mercy Care Plan. This was in conjunction with grievance review, quality of care, policy compliance, etc.
- ❑ Oversaw and assured the validity of all medical reports based on data analysis while at Mercy Care plan and at AHCCCS. This included statistical analysis, review of findings, recommendations, and follow-up to assure CAP, etc.

Management Consultant—Healthcare Practice Emphasis

- ❑ Worked on a variety of pharmacy benefit programs including:
 - Developing and managing the AHCCCS pharmacy benefit in conjunction with the contracted health plans while serving as CMO and Deputy Director of AHCCCS. Provided oversight of the formulary and pharmacy utilization for the FFS population. Oversaw the successful subcontracting of the population's pharmacy benefit to a pharmacy benefit manager (PBM), netting significant savings to the state.
 - Developed and managed the pharmacy benefit for Mercy Care Plan, including instituting a formulary and overseeing the utilization of a contract pharmacy for the plan

- Developed and managed one of the most cost-effective Medicaid pharmacy benefits in the United States as verified by the Lewin Group during an independent review
- ❑ While at Mercy Care Plan, successfully negotiated the purchase of another AHCCCS health plan to expand the market share and significantly increase the plan membership.
- ❑ As the Corporate Medical Director at Mercy Care Plan, Dr. Hindman was responsible for all medical/clinical policies for the health plan. Tasks included researching and writing criteria for specific treatments, Durable Medical Equipment, high cost technology, medications, etc. Wrote policies regarding such operational issues as when to refer to a specialist and compliance with mandated programs such as EPSDT.
- ❑ Wrote the first DDD specific pharmacy formulary while at DES/DDD.
- ❑ Expanded the provider network by establishing several innovative methods or working with the network and developed a true partnership with providers such that certain specialties had a waiting list of providers wishing to participate with the plan.
- ❑ Served as the corporate team leader for Mercy Care Plan in a successful accreditation review by the National Committee for Quality Assurance (NCQA).
- ❑ Developed training and oversight criteria for the nursing staff at the Coolidge Training Center for DES/DDD.

Other Experience

- ❑ Developed and taught a senior elective course on “Government and Health Care Delivery” for the University of Arizona School of Medicine.
- ❑ Served the Governor and State of Arizona in the Air National Guard for 15 years. Served as Commander of the 162 Medical Squadron and as Chief of Staff for Headquarters. Retired October, 2004, as a Brigadier General.
- ❑ Selected by the Governor’s Health Policy Advisor to participate on the National Governor’s Association Health Policy Forum.
- ❑ Served as the Acting Director of AHCCCS at the request of the Governor during the interim before arrival of the current Director.
- ❑ Represented AHCCCS as a key liaison with the State Legislature, including meeting with individual legislators as well as testifying on behalf of the agency.

- ❑ Developed and oversaw the certification to grant Continuing Medical Education (CME) credits for AHCCCS contractor medical directors.
- ❑ Organized and led a team for re-organization of the AHCCCS operational divisions into a more efficient and focused structure.
- ❑ Served on the Executive Management Team at Mercy Care Plan

Additional Administrative and Management Skills and Expertise

- ❑ Fluent in Spanish
- ❑ Accomplished speaker and educator
- ❑ Experience as facilitator and mediator
- ❑ Experience and expertise in disaster preparedness

Education and Academic Qualifications

Loma Linda University, Riverside, CA
Bachelors of Arts in Chemistry – 1968

Loma Linda University, Riverside, CA
Doctor of Medicine – 1972

Board Certified in Internal Medicine and Family Practice

Fellowship trained and Board Eligible in Pulmonary Diseased and Critical Care

Fellow in the American College of Medical Quality

SECTION 3

EXPERIENCE AND EXPERTISE OF THE FIRM

Summary of EP&P's Experience and Expertise (RFP Ref. Section 3.2.1)

EP&P Consulting, Inc. (EP&P) is a boutique consulting firm that has provided specialized expertise in the design, delivery, operations and financing of public sector health and social service, and other programs for over thirteen years. The founding Corporate Directors formed the company based on the desire to develop in-depth, multi-year relationships with clients. While the firm has a full complement of staff to provide our clients with a full range of analytical and research support, clients of the firm are assured continued contact with the Corporate Directors throughout each project. Since founding the firm, the Corporate Directors have established relationships with more than 36 states and several private sector clients.

Highlights of EP&P Experience

Over the years, EP&P has provided a wide range of services to our clients including:

- ❑ Design and implementation of *statewide reform initiatives*, including the development of Medicaid managed care programs; waivers for uninsured individuals and those with disabilities, mental illness and long-term care needs; and children's health insurance programs
- ❑ *Independent evaluations* of state and local programs, including analysis of business functions and activities, financing and information systems, program performance, and overall program management; these evaluations have been presented to state governors, legislatures, state and local agencies, stakeholder and consumer task forces, and the federal government
- ❑ Development of detailed *cost/benefit analyses and budget projections*, financial and economic analysis of program costs and trends, and development of program financing arrangements including maximization of federal funding and cost containment strategies
- ❑ *Technical assistance to states* in implementing new initiatives and improving operations, negotiating and setting reimbursement rates, developing RFPs and contracts and conducting procurements, preparing policies and procedures, developing state plan amendments, conducting surveys, defining information system implications, and developing marketing strategies
- ❑ *Strategic planning* activities for programs, state and local agencies, and corporations

- ❑ *Public representation and negotiations* on behalf of clients with stakeholder groups, providers, state legislatures, health care and other commissions, and the federal government including facilitation of public meetings and focus groups

This experience has developed the cross-cutting expertise of the firm within and across policy areas and is what sets EP&P apart in terms of our ability to successfully provide the requested scope of services within the required timeframe for our clients. We have an appreciation of both the macro-level design issues as well as the micro-level data analysis tasks that are a part of the projects that may be required by the State. We also understand the challenges of implementation and operation as well and the realities of state and local budgets.

EP&P has been working in Arizona consistently since our inception in 1993. Even before that, all of our Corporate Directors and many of our Corporate Managers were working for the State in other capacities. We currently have consulting contracts with ADHS, AHCCCS and ADES. We have built a highly successful track record of accomplishments in health care and public policy for the State, and we have an excellent reputation with senior officials at ADHS, AHCCCS, ADES, the Office of the Governor, the Legislature and other state and local agencies with whom we have worked.

Some of the projects with which we are currently or were recently involved in Arizona include:

- ❑ Setting rates for behavioral health services covered by ADHS/BHS for SFY 2006; EP&P has been setting and maintaining rates for ADHS/BHS for the past five years
- ❑ Setting prospective outpatient hospital rates for services covered by AHCCCS - these rates were implemented in July 2005; EP&P has been setting and maintaining inpatient and outpatient rates for AHCCCS since 1993
- ❑ Analyzing revenue and expenditure trends for the former Maricopa County Health Plan and developing recommendations for improving the financial health of the plan
- ❑ Redesigning the preadmission screening tool for the AHCCCS long term care program; the new tool is being piloted this fall in preparation for implementation in October 2006
- ❑ Setting rates for HCBS EPD services for AHCCCS based on provider cost data
- ❑ Providing ongoing technical and consulting assistance to ADES, AHCCCS, and ADHS; projects including budget analysis, operational support,

interpretation of regulations and policies, program evaluations, litigation support, and special studies

- ❑ Assisting in the facilitation of the ADES/DDD fiscal intermediary program implementation; EP&P developed the readiness review plan and criteria and oversaw the implementation, including reviewing all of the deliverables submitted by the fiscal intermediary

EP&P was also selected by the State to be eligible to participate in revenue maximization projects. We are currently working with state agencies on two projects – the development of a waiver to cover services for children with special needs, and claiming of federal matching funds for behavioral health care for children in the juvenile justice system that are also covered by Medicaid.

EP&P's Corporate Qualifications

One of the things that distinguishes EP&P from some other consultants is our depth of understanding of our client's business. This is particularly true in Arizona where we have been continuously under contract to major agencies for over thirteen years. This in-depth understanding of Arizona's programs and structure is supplemented with the perspective that we have gained from having a national practice. We have worked with the health and social services agencies and their respective programs in over 36 states.

EP&P Experience

Virtually all of EP&P's projects are related to public health, government, or non-profit organizations. Below is a chart with information regarding current projects or projects conducted within the past three years related to public health, government, or non-profit organizations. The vast majority of these projects are for government agencies.

	Client	Project Description	Contact
1.	Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS)	<i>Multiple Projects (see below)</i>	
1.1		Revise community-based rates	Chris Petkiewicz CFO (602) 364-4699

	Client	Project Description	Contact
1.2		Maximizing federal funds by submitting a retroactive claim to CMS	Michael Fett, VP Finance Southwest Behavioral Health Svc (former ADHS/DBHS CFO) (602) 265-8338 ext. 206
1.3		Development of a Procedures Manual	Michael Fett
1.4		Encounter system analysis	Michael Fett
2.	Arizona Department of Economic Security, Division of Developmental Disabilities (ADES/DDD)	<i>Multiple Projects (see below)</i>	Primary Contact: Ric Zaharia Assistant Director (602) 542-6853
2.1		Setting community-based rates and budget forecasting	Ed Rapoport Program Administrator Business Operations (602) 542-6877
2.2		Qualified Vendor Application (RFQVA) requirements and system design and development	Antonia Valladares Administrative Services Manager Business Operations (602) 542-5258
2.3		Development of a consumer assessment tool and rate determination automation system	Ed Rapoport
2.4		Implementation of a fiscal intermediary program	Antonia Valladares
2.5		Feasibility study on a claims payment system	Ed Rapoport
3.	Arizona Health Care Cost Containment System (AHCCCS)	<i>Multiple Projects (see below)</i>	Primary Contact: Tom Betlach Deputy Director (602) 417-4483
3.1		Development of a new outpatient hospital payment methodology	Sara Harper Reimbursement Manager (602) 417-4297
3.2		Update fee-for-service nursing facility rates	Sara Harper
3.3		Update fee-for-service HCBS rates	Sara Harper

	Client	Project Description	Contact
3.4		Develop upper payment limit methodologies	Tom Betlach
3.5		Calculate DSH payments and assist in responses to a CMS DSH audit	Sara Harper
3.6		Litigation support related to hospital reimbursement	Sara Harper
3.7		Annual updates to fee-for-service inpatient and outpatient hospital rates	Sara Harper
3.8		Develop payment methodologies for disbursements from a trauma center fund	Shelli Silver Special Projects (602) 417-4647
3.9		Claims documentation audit of programming logic	Lori Petre Former HIPAA Project Testing Manager (602) 241-8580
3.10		Conduct a claims payment audit	David Botsko Director, OPI (602) 417-4057
3.11		Maximizing federal funds for the juvenile justice program	Debbie Wells Federal Project and Grants (602) 417-4208
3.12		Feasibility study of redesigning pharmacy purchasing	Del Swan Pharmacy Director (602) 417-4726
3.13		Redesign and pilot pre-admission screening tool for elderly and physically disabled	Diane Ross Division of Member Services (602) 417-4590
3.14		Development of a HIFA waiver	Tom Betlach
4.	Arizona – Maricopa County	<i>Multiple Projects (see below)</i>	
4.1		Litigation support on reimbursement of hospital claims	Shawn Nau Director, Health Care Mandates (602) 372-7056
4.2		Develop settlement proposals for hospital claims case	Shawn Nau

	Client	Project Description	Contact
4.3		Evaluation of a managed care health plan	Phyllis Biedess Health Plans Executive Director (602) 344-8980
5.	District of Columbia	Development of a HIFA waiver	Robert Maruca Senior Deputy Director DC Department of Health (202) 442-5988
6.	Florida – Palm Beach County	Development of an 1115 waiver	Debi Gavras Health Care District of Palm Beach County (561) 659-1270 ext 5735
7.	Georgia Department of Community Health Division of Medical Assistance	Rebasing inpatient hospital rates under a DRG system	Jim Connolly Director of Reimbursement Svcs (404) 657-9541
8.	Illinois Community Behavioral Healthcare Association	Strategic planning on options for changing rate structure of behavioral health services	Frank Anselmo CEO (217) 585-1600
9.	Indiana Family and Social Services Administration	Independent annual evaluation and ongoing monitoring of CHIP program	Ann Alley CHIP Director (317) 232-4390
10.	Louisiana Department of Health and Hospitals	<i>Multiple Projects (see below)</i>	
10.1		Development of a HIFA waiver	Helene Robinson Director of Research and Policy Development (225) 342-3807
10.2		Implementing an employer-sponsored insurance program	Allison Jones Director of the Louisiana Health Care Commission (225) 342-4311
10.3		Federalizing a state-funded high-risk pool	Helene Robinson
10.4		Developing regional initiatives to expand health care access	Melisa Byrd Project Manager (225) 342-2025

	Client	Project Description	Contact
11.	Mississippi Attorney General's Office	Litigation Support	Harold E. Pizzetta, III Special Assistant Attorney General (601) 359-3816
12.	Mississippi Division of Medicaid	Development of an 1115 waiver	Dr. Warren Jones Executive Director (601) 359-9562
13.	Mississippi Joint Legislative Committee on Performance Evaluation and Expenditure Review (PEER)	Independent review of the Medicaid program	Dr. Max Arinder PEER Committee (601) 359-1226
14.	Nevada Department of Human Resources	<i>Multiple Projects (see below)</i>	
14.1		Managed dental care implementation	Charles Duarte Medicaid Administrator (775) 684-3677
14.2		Technical support for Governor's task force on HCBS rates	Charles Duarte
14.3		Recommendations for implementing a HIFA waiver	Charles Duarte
15.	Nevada Legislative Council Bureau	Analysis and recommendations on indigent care costs	Senator Ray Rawson (702) 651-5591
16.	New Jersey Department of Human Services	<i>Multiple Projects (see below)</i>	
16.1		Independent assessment of MCO performance on a Medicaid physical health contract	Dr. Jill Simone Executive Director Office of Managed Health Care (609) 588-2705
16.2		Waiver development and negotiations with CMS	Ann Kohler Medicaid Director (609) 588-2600

	Client	Project Description	Contact
17.	New Mexico Hospitals and Health Systems Association (NMHSA)	Implementation of a HIFA waiver	Robin Hunn New Mexico Hospital and Health Systems Association (505) 254-8430
18.	New York Department of Insurance	Independent evaluation of the Healthy NY Program	Patricia Swolak Associate Insurance Attorney (518) 486-7815
19.	Ohio Office of Budget and Management	Feasibility study for the procurement of pharmacy services	Rex Plouck (614) 644-8805
20.	Ohio Department of Jobs and Family Services	<i>Multiple Projects (see below)</i>	
20.1		Development of a HIFA waiver	Barbara Edwards Medicaid Director (614) 466-4443
20.2		Study of institutional reimbursement payment systems	Trish Martin Chief of Staff (614) 644-0146
20.3		Rebasing ICF/MR rates	Mel Borkan Assistant Deputy Director (614) 995-7997
20.4		Redesign and strategic planning for delivery of Medicaid services	Hank Sellan Office of Ohio Health Plans (614) 995-7997
21.	Ohio Department of Mental Retardation and Developmental Disabilities (ODMRDD)	Support of HCBS waiver and rate redesign	Debbie Hoffine Assistant Deputy Director (614) 728-5312
22.	Oklahoma Department of Human Services, Developmental Disabilities Services Division (DDSD)	<i>Multiple Projects (see below)</i>	
22.1		HCBS program and rate analysis	Jim Nicholson Division Administrator (405) 521-6266

	Client	Project Description	Contact
22.2		Litigation support	Lynn Rambo-Jones Legal Divisions (405) 522-7403
23.	Oregon Department of Human Services	Waiver strategy	Jim Edge Assistant Administrator Office of Medical Assistance Programs (503) 945-5768
24.	Pennsylvania Office of Health Care Reform	<i>Multiple Projects (see below)</i>	
24.1		Develop strategies for retaining and increasing employer-based health care coverage	Greg Howe Governor's Office of Health Care Reform (717) 705-6624
24.2		Optimize current resources to efficiently provide publicly funded health care	Greg Howe
24.3		Strategies for reducing the cost of health care coverage	Greg Howe
24.4		Strategies for increasing the quality of health care	Greg Howe
25.	Rhode Island Division of Developmental Disabilities	Development of an RFP for procurement of a specialized MMIS for people with disabilities	Lynda Kahn Executive Director (401) 462-3234
26.	Utah Department of Human Services	Identify ways to streamline eligibility for long-term care services and identify best practices	Donna Riley Project Manager (801) 538-4608

The balance of this section describes projects that are representative of some of the subtasks included in the Statement of Work. The examples are arranged by the service categories in the Statement of Work.

Service Category 3.1: Program Review and Evaluations

EP&P has assisted many states in program reviews and evaluations including readiness, financial, and operational reviews, program evaluations, and contractor monitoring. We have conducted program reviews and evaluations of behavioral health organizations, managed care organizations, managed care programs, Medicaid programs, SCHIP program, providers, and contractors. These projects have included evaluating contractor and program compliance with federal, state, and contractual requirements, including quality, performance and outcome measures. Activities have included scheduling on-site visits; compiling a list of materials/data required prior to review; reviewing materials and analyzing data; preparing a list of items to be reviewed on-site; developing interview questions for contractor staff; developing the evaluation plan, including the review tool; conducting site visits; filling out the review tool; and drafting a report documenting findings and recommendations/corrective action plans. We have included here some detailed examples of our work in this category.

Examples of Prior Projects

EP&P has been providing program review and evaluation services since it was founded in 1993, and the Corporate Directors of the firm have experience in this area that dates back at least another fifteen years. Below is a chart of four recent projects, including one in Arizona, that include activities that are similar to the services that are being requested in this service category. A description of each of these projects is provided after the chart.

Summary of Program Review and Evaluation Project Examples

Activity	ADES/ DDD FI	Nevada Dental	New Jersey Partnership for Children	New Jersey Independent Assessment
3.1.1 Determine Compliance with Requirements	✓	✓	✓	✓
3.1.2 Assist with Development of Program Evaluation Plans	✓	✓	✓	✓
3.1.3 Review Health Programs Service Delivery Systems and Methodologies	✓	✓	✓	✓
3.1.4 Evaluate Quality, Performance, Outcomes, Impact, Etc.	✓	✓	✓	✓
3.1.5 Document Findings and Recommendations	✓	✓	✓	✓
3.1.6 Surveys and Site Visits and Reviews	✓	✓	✓	✓
3.1.7 Prepare Reports and Recommendations	✓	✓	✓	✓

Arizona Department of Economic Security/Division of Developmental Disabilities
(ADES/DDD) Fiscal Intermediary Readiness Review

Over the past couple of years we have been working with ADES/DDD to design, develop, and implement a fiscal intermediary program. This has included preparing issue papers, drafting the RFQVA, and assisting with the evaluation of proposals. Most recently we developed a readiness review tool to use in determining whether the contractor is ready to begin providing services.

In developing the readiness review tool we first drafted a sample tool to discuss with state staff. This tool included columns for tracking purposes (e.g., item number, description, reference, materials to produce, comments, evaluation status, and priority) and rows to show the responsibilities of the contractor (e.g., general administration, organization and staffing, information and financial systems). Based on our expertise and experience in other states, the layout of the tool reflects our recommendations for how to show the applicable requirements and how to determine whether the contractor meets the requirements.

Once ADES/DDD approved the layout, we completed the rest of the tool based on the final contract between the fiscal intermediary and ADES/DDD. Since materials were going to be reviewed by ADES/DDD before the actual readiness review, we recommended that the tool include more steps (e.g., drafts of documents and ADES/DDD review) than a standard readiness review tool. That way the tool would show progress towards meeting a requirement and would serve as a work plan. We also included virtually every requirement from the contract, including those that had already been met, in order to keep track of all requirements.

After we had drafted the tool we met with ADES/DDD and the contractor to review the tool. The goal of this meeting was to make sure that everyone was on the same page in terms of requirements and the scope and method of the readiness review. During that meeting we recommended, and it was agreed, that in order to meet all of the requirements implementation would have to be delayed. ADES/DDD began implementation of the program in February of 2005.

Prior to the implementation, we conducted the actual review, including a systems test, and prepared a report on our findings and recommendations which we subsequently reviewed with ADES/DDD and the contractor.

Nevada Managed Dental Care

Under a subcontract with Health Services Advisory Group, EP&P assisted Nevada in the implementation of a managed dental program through the health plans and the School of Dentistry at the University of Nevada Las Vegas. This work included developing a readiness review tool, providing technical assistance, and conducting on-site readiness reviews in such areas as network adequacy, claims, encounters and reports, quality

management, financial management, and member services. We drafted a comprehensive review guide, which was revised based on feedback from the health plans. The guide prioritized requirements into three levels to allow the plans and school to focus their resources. We initially conducted a pre-readiness and then a full readiness review.

For the first full readiness review we reviewed documents and then spent one day on-site with each of the health plans and the school interviewing staff and participating in walk-throughs. We also conducted a test of the phone systems including time to answer, when appointments were scheduled, and language capacity. Our review of information system readiness included the preparation of test claims that each plan and the school ran through their system to ensure that claims were adjudicated correctly.

After the review we completed the review guide for each health plan and prepared a report of our findings and recommendations. Based on our review, the main recommendation was that implementation of the program be delayed a couple of months until specified requirements were met by the health plans and the school. The report highlighted key requirements that were not met by the health plans and the school, proposed a new program start date, and identified tasks for the State to complete. The objective of the managed dental program was to increase access to dental care for children, and preliminary analysis indicates that this objective is being achieved.

New Jersey Partnership for Children

EP&P assisted the New Jersey Department of Human Services in the development and implementation of the New Jersey Partnership for Children. The Division of Child Behavioral Health Services (DCBHS), formerly known as “The Partnership for Children” and the “New Jersey Children’s Initiative,” serves children and adolescents with emotional and behavioral healthcare challenges and their families across all child-serving systems.

EP&P’s tasks included developing a monitoring manual for the State to use in monitoring Care Management Organizations (CMOs), which provide individual case management to children with the most complex needs and manage their care. EP&P also developed a manual for monitoring the Contracted Systems Administrator (CSA), which is the overall services management entity at the state level. The role of the CSA is to support utilization management, care coordination, quality management, and information management for a comprehensive system of care for children and their families.

The CSA manual was designed to be used over the three implementation phases of the project and included matrices to prioritize monitoring activities as well as detailed action steps on how to monitor financial reporting, service delivery, and performance measures. EP&P also prepared an extensive readiness review tool and conducted the readiness review of the CSA to ensure that systems and operations were adequate to begin implementation. The review tool was developed based on the contract with the CSA and the CSA’s implementation work plan and was revised after discussion with state and CSA staff.

The review included document review, system demonstration, calls to customer service, and interviews with staff. After the review we prepared a report that included a discussion of our activities and a summary of findings by area, including recommended changes. Our key finding was that Phase I could proceed, which it did.

New Jersey Independent Assessment

We have completed two independent assessments of New Jersey's Medicaid managed care 1915(b) waiver program for children with special healthcare needs. These assessments were submitted to the Centers for Medicare and Medicaid Services (CMS) as part of the State's application to renew its waiver. The first renewal was approved, and the second approval is in process. The purpose of the assessment was to evaluate the State's efforts and ability to monitor its waiver program, including access, quality, and cost. To conduct this assessment, we used the State's MCO contract as the starting point for identifying monitoring activities, performance measurement, and program improvement. We conducted a three-level analysis that included the access and quality monitoring activities performed by the State when overseeing MCO contract requirements, internal agency program management and monitoring activities, and external reviews (such as through external quality review focused studies and member satisfaction surveys). We reviewed internal state documents, reports from the MCOs, and reports from the State's external review organization. We also interviewed state staff and had staff demonstrate various databases used to track information for the program.

Other - Program and Member Surveys

None of the projects described above included a program or member survey. However, EP&P has conducted program and member surveys for various clients, including AHCCCS. With Dr. Jeanne McGee, EP&P supported AHCCCS in the design, development and implementation of statewide member (sample size 14,000), physician (sample size 1,551) and dentist (sample size 291) surveys. This included working with AHCCCS in defining the survey design and methodology, contracting with an independent survey firm to conduct the survey, analyzing survey results, and developing survey reports including materials to provide health plans appropriate feedback on their own respondents. AHCCCS and EP&P obtained funding from the Robert Wood Johnson Foundation to write a "best practices" resource manual on developing and conducting surveys of physicians and dentists serving the Medicaid population.

Service Category 3.2: Program Consultation

Few projects at EP&P are completed without some component of program consultation. The following pages highlight some of the projects where work has been completed or is being completed by EP&P that is similar in nature to the examples listed in the RFP for work to be performed in the Program Consultation category.

Examples of Prior Projects

EP&P has been providing program consultation services in Arizona and in other states since it was founded in 1993 and the Corporate Directors of the firm have experience in this area that dates back at least another fifteen years before this. Currently in Arizona, we are working on two of the Governor's revenue maximization initiative projects, which includes one on the reform of how services are provided and funded in the juvenile justice system. Other projects include setting behavioral health provider rates for ADHS/DBHS, HCBS rates for the elderly and physically disabled population for AHCCCS, nursing facility rates for AHCCCS, outpatient hospital rates for AHCCCS, and are continuing our work with the maintenance of ADES/DDD's Qualified Vendor Application and Directory System (QVADS). We are also examining rates for ADES/DDD and have assisted in the implementation of a fiscal intermediary system to support consumer directed care.

The following exhibit shows EP&P's experience in Arizona with respect to projects similar in scope to those requested under this service category. Following the exhibit are descriptions of the projects on the list performed for clients in Arizona.

Summary of Relevant Program Consultation Experience Examples

Activity	Arizona ADHS	Arizona AHCCCS	Arizona ADES
3.2.1 Analysis of Utilization, Needs Assessments and Data		✓	✓
3.2.2 Financial and Cost Analysis	✓	✓	✓
3.2.3 Performance Incentive Funding	✓	✓	✓
3.2.4 Cost Projections	✓	✓	✓
3.2.5 Implementation Strategies for Best Practices		✓	✓
3.2.6 Work Force Improvement Strategies		✓	✓
3.2.7 Technological Solutions		✓	✓
3.2.8 Integration with Other Entities	✓	✓	✓
3.2.9 Reports and Recommendations	✓	✓	✓

Arizona Department of Health Services, Division of Behavioral Health Services
(ADHS/DBHS)

For the past four years, EP&P has worked with ADHS/DBHS on a variety of projects. These include:

Development of Rate Setting Methodology and Cost Estimates

EP&P assisted ADHS/DBHS in updating and setting rates for both existing and new residential and community-based behavioral health services. This included building rate models from the “bottom-up” for each service, collecting and analyzing both cost information and encounter data, and determining appropriate “data edits” to be added to the encounter/claims processing systems. In order to estimate the impact of the rates, EP&P projected utilization and costs for the services using the new rates. Additionally, as part of this process, EP&P also addressed policy issues and the potential implications that new or existing policies might have on the rate setting process.

Currently, EP&P is surveying Level III providers to establish new rates and working with DBHS on updating rates set in 2001.

Development of Procedures Manual

EP&P assisted ADHS/DBHS with the development of a procedures manual which could serve as a reference guide for State personnel as well as its five contracted Regional Behavioral Health Authorities (RBHAs). Specifically, the manual described the technical and procedural requirements for encounter processing, enrollment procedures, provider registration, fraud and abuse procedures, and data validation requirements.

Encounter System Analysis

EP&P documented the current State of ADHS/DBHS’ encounter processing system. We then analyzed the system to identify areas that could be improved to make the overall processing of encounters more efficient and to reduce the number of errors in the encounters sent to the AHCCCS. The analysis included examining the encounter processes at both ADHS/DBHS and its five contracted RBHAs with an emphasis on issues with the interfaces between ADHS/DBHS, the RBHAs, and AHCCCS.

Retroactive Claims Project

EP&P analyzed a three-year database of encounters for ADHS/DBHS to identify services that had been paid with State-only funds but were actually eligible for federal matching funds. We reviewed the processes for identifying individuals as Title XIX/XXI eligible and traced the processes from the initial intake to actual enrollment as Title XIX/XXI eligible. Finally, we identified system modifications and policy changes that could be made in order to maximize Title XIX/XXI dollars. EP&P also assisted the Division in preparing a retroactive claim to be submitted to the Center for Medicare and Medicaid

Services (CMS) to collect federal matching payments where the statute of limitations for resubmission had not expired.

Arizona Health Care Cost Containment System (AHCCCS)

For the past ten years, EP&P has worked with AHCCCS on a variety of projects. These include:

Development and Review of Assessment Tools

EP&P developed the preadmission screening (PAS) tools for AHCCCS that determine whether the elderly, physically disabled and developmentally disabled qualify for the state's long-term care program. This work included:

- ☐ Facilitation of clinical expert panels
- ☐ Tool design
- ☐ Pilot testing
- ☐ Discriminant function analyses that led to scoring procedures
- ☐ Design and development of on-going monitoring reports for management
- ☐ Development of rules

EP&P is currently assisting AHCCCS with a review of the PAS tool. To this end, EP&P is reviewing the operational processes and outcomes of PAS including:

- ☐ Criteria and frequency of reassessment
- ☐ Criteria for referral to physician review including both criteria that are mandated in rule and those that are optional
- ☐ Staffing and recruitment
- ☐ PAS outcomes statewide and by geographic region
- ☐ Physician oversight
- ☐ Criteria and structure of the transitional program
- ☐ PAS eligibility and placement problems identified by management and staff

In addition to examining the PAS operational process, EP&P is examining innovative approaches in other states including new tools, reassessment short forms, and targeted reassessments. The analysis also includes an assessment of where ALTCS' enrollment stands in relation to the size of other states' long-term care programs.

Rate Setting and Cost Projections

Recently, EP&P assisted AHCCCS on three different rate setting projects:

- ☐ Outpatient hospital services
- ☐ Nursing facility services
- ☐ Home and community based services to the elderly and physically disabled

For the outpatient hospital project, EP&P originally wrote a paper that surveyed how other state Medicaid agencies pay for outpatient services. From this research, EP&P proposed to AHCCCS that they pursue a fee schedule-based methodology in order to better appropriate funds for different types of services than the current cost-to-charge payment methodology. Through discussions with AHCCCS, EP&P developed a fee schedule methodology primarily based on the one used by Medicare but adjusted to better reflect the services used by the AHCCCS population. Specific tasks in this project have included developing proposed fee schedules based on historical hospital costs for 8,500 unique services; estimating the financial impact to AHCCCS overall, by peer group and by hospital; presenting findings and gaining feedback from an industry workgroup and program contractor workgroup; assisting in developing operational protocols for how the services will be priced under the new system; and working with AHCCCS to respond to questions from CMS to gain their approval for the new methodology. The new system was implemented in July 2005.

For the nursing facility (NF) project, EP&P developed cost collection surveys that were administered to NFs and reviewed the data from these surveys to rebase the NF rates for implementation in October 2005. EP&P has rebased these rates three other times in the past twelve years. Based on requests from AHCCCS, EP&P also collected additional information to explore some alternative methodologies for portions of the rate setting system.

For the HCBS project, EP&P also developed a cost survey that was administered to providers and reviewed the data submitted on this survey. EP&P compared the validity of the data from the surveys in 2004 against those that were administered in 2001, when EP&P last set these HCBS rates. The cost survey data is one component that is considered as EP&P develops its Independent Model methodology. Under this methodology, EP&P works with AHCCCS to determine what services the agency is willing to pay for and where they want to divert funding and incentivize growth in the provider industry.

Also this year, EP&P once again determined the disproportionate share hospital (DSH) payments made to hospitals and assisted AHCCCS in answering questions from a CMS audit of their DSH program. We also provided data analysis to support AHCCCS in a litigation case brought by the hospital industry in relation to inpatient reimbursement, specifically outliers.

Another project EP&P has completed for AHCCCS related to this service category was developing population and cost estimates for the HIFA waiver that AHCCCS got approved by CMS (the first in the nation). This involved developing a forecasting model based on population growth, utilization estimates, and cost growth using historical information as the baseline.

HAPA Project

The State of Hawaii, in cooperation with the State of Arizona, retained EP&P to perform a study on the feasibility of AHCCCS' Prepaid Medical Management Information System (PMMIS) performing the Hawaii QUEST Program's information systems needs. If PMMIS could meet the Med-QUEST Division (MQD) requirements, the State of Hawaii would pursue a partnership with the State of Arizona for information systems support.

The study performed by EP&P concluded that Arizona's PMMIS (with some enhancements) would meet Hawaii's QUEST Program requirements. Consequently, the states opted to proceed with developing an interstate agreement.

One of the first deliverables for this project was the feasibility study as to whether the two state processing systems were compatible enough that, with enhancements, Arizona's PMMIS could be altered to accommodate Hawaii's claims processing methods. Specific sections of this deliverable addressed:

- ❑ An overview of Hawaii's current enrollment process
- ❑ Matching the level of synergy of the business rules between Arizona and Hawaii
- ❑ A comparison of the data fields for eligibility between Arizona and Hawaii
- ❑ A review of the scope of changes that would be needed on Arizona's PMMIS
- ❑ Potential benefits if the project were to move forward
- ❑ Estimated cost and timeframe if the project were to move forward

After it was determined that the States of Hawaii and Arizona would develop an interstate agreement for AHCCCS' PMMIS to perform the processing of fee-for-service claims for Hawaii's QUEST Program, EP&P was engaged by the states to write an Advanced Planning Document (APD) to be submitted to CMS.

The APD included an overview of the scope of the interstate agreement, the project's organization and resource use from each state, a project work plan and schedule of activities, and detailed cost tables illustrating how this innovative approach would derive significant economies of scale between the states versus paying a private sector vendor to perform the same service.

Arizona Department of Economic Security/Division of Developmental Disabilities (DES/DDD)

EP&P has been assisting the Division of Developmental Disabilities (DDD or the Division) of the Arizona Department of Economic Security (DES or the Department) in a multi-year project to reform their home and community based (HCBS) payment and procurement system. The ultimate objective of these reforms is to provide an enhanced level of consumer choice to the system. The major projects in this engagement include:

Rate Development

In approaching the rate setting component of the project, EP&P and the Division performed in the following primary tasks:

- ❑ Surveyed selected elements of the provider community
- ❑ Reviewed and revised the service specifications
- ❑ Constructed independent rate setting models
- ❑ Compared resulting rates with the Medicaid and behavioral health agencies
- ❑ Forecasted budget impacts and impacts on individual providers
- ❑ Developed phase-in strategies
- ❑ Documented the process for review by various stakeholder groups
- ❑ Made presentations to Department executive management and the provider community

Rate Assessment Tools for Independent Providers

Recognizing that the development/implementation of a system-wide assessment tool that would be utilized for funding levels would not be available for some time, and that an assessment tool for compensating providers is related to, but different from an assessment tool to establish funding levels, the Division and EP&P developed an assessment tool that would be appropriate for setting of individual provider rates. The instrument is distinguished from a tool to set funding levels because its goal is not to assess how much service a consumer is to receive, but rather what skills are needed by and how much to compensate an independent provider. The instrument that has been developed includes domains of:

- ❑ Behavior
- ❑ Activities of daily living (ADL)
- ❑ Age
- ❑ Family supports
- ❑ Health care needs
- ❑ Independent provider expenses
- ❑ Travel, distance and density of the service area

We developed the initial tool and delivered it to a Division staff work group. After revision, it was field tested on a pilot basis, scored, and feedback was collected from the assessors administering the tool. Based on this test, revisions were made to the tool which was then repiloted. Upon completion of the second pilot, slight revisions were made and the tool was administered to the consumers that utilize independent providers in their service plan.

We developed scoring methodologies and crosswalked scores to rate levels for independent providers by service. We also computerized the tool to score the results and generate rate levels.

Fiscal Intermediary

With the heavy reliance on independent providers, the Division recognized the problems associated with the determination of the employer of record for these providers. At the request of the Division, we researched the legal situation and the advantages and disadvantages of the Division or the families assuming the role of employer of record.

We worked extensively with the Division to develop a fiscal intermediary program. This portion of the engagement included research on how other states have designed and implemented fiscal intermediary programs, a study of Arizona statutes and regulations related to procurement, and a review of Arizona income and employment tax, labor and insurance law. We drafted both a Request for Information (RFI) and a Request for Proposals (RFP) to procure a fiscal intermediary and assisted the Division with the selection of a vendor. As part of this process, an analysis of the rate and budget implications of implementing a fiscal intermediary program was developed. We served on an implementation steering committee and performed a readiness review and continue to provide occasional ongoing support to the Division for the fiscal intermediary activities.

Revision of Procurement and the Development of a Provider Directory

A key component to the Division's vision of implementing choice is the easy entry of providers into the service market as well as an information source for consumers to determine what providers are delivering what services. To this end, EP&P and the Division developed a new method of procurement that is supported by a web-based computer system which was implemented in July 2003.

Through the Request for Qualified Vendor Applications (RFQVA) the Division can enter into Qualified Vendor Agreements with vendors that meet the minimum requirements of the RFQVA solicitation. Applicants are not subject to an evaluation of their program prior to the award of a contract by the Division (as long as they are properly licensed and/or certified), but rather will be evaluated as to whether they have satisfied the established minimum requirements.

Because this RFQVA process will be continuous, potential providers can, at the time of their choosing, complete the application materials necessary to be awarded an agreement from the Division. Additionally, the web-based computer system supporting the RFQVA will allow providers to post information related to their services and service delivery models, and consumers and their families will be able to use the search features of the system to find providers that will best fit their needs.

We assisted in the development of this procurement model through the development of the RFQVA documents, and by providing requirements and specifications, performing testing, and contributing to the overall architecture of the web-based computer system.

Assessment Tools

The Division's strategic plan for consumer choice does not yet include the movement to funding levels. The reforms to the current system have been dramatic and the Division thinks that movement to funding levels is not prudent at this time. The Division is of the opinion that the reforms that have been initiated must be completely implemented before movement to funding levels can begin.

However, we have completed initial work with the Division on an assessment tool to establish funding levels. At the request of the Division, EP&P prepared and sent a national survey to states to collect information about how states use assessment tools to measure the support needs of individuals, including questions relating to if and how the tool is linked to reimbursement/funding levels. From survey results, a report was prepared and presented to the Division that analyzed the assessment tools utilized by states.

Service Category 3.4: Statistician

Few projects at EP&P are completed without some component of statistical analysis. Types of projects involving statistical analysis include:

- ❑ Consumer and provider surveys
- ❑ Setting rates for institutional and HCBS providers
- ❑ Budget forecasting for new initiatives or changes to existing programs
- ❑ Litigation support to agencies that involve the reimbursement of provider claims
- ❑ Ad-hoc analyses as warranted in independent evaluations of programs and reports on monitoring activities EP&P conducts for a state
- ❑ Designing assessment tools that are valid and reliable

The examples on the next few pages highlight some of the projects where work has been completed or is being completed by EP&P that is similar in nature to the examples listed in the RFP for work to be performed in the Statistician category.

Examples of Prior Projects

EP&P has been providing statistician services in Arizona and in other states since it was founded in 1993. Currently in Arizona, we are working on several projects that have aspects of the services described under this consulting area. The projects include two of the Governor's revenue maximization initiative projects; setting behavioral health provider rates for ADHS/DBHS, HCBS rates for the elderly and physically disabled population for AHCCCS, nursing facility rates for AHCCCS, and outpatient hospital rates for AHCCCS; and are continuing our work with the maintenance of ADES/DDD's Qualified Vendor Application and Directory System (QVADS).

The following exhibit shows EP&P's experience in Arizona with respect to projects similar in scope to those requested under the Statistician service category. Following that are descriptions of the projects on the list performed for clients in Arizona.

Summary of Relevant Statistician Experience Examples

Activity	Arizona ADHS	Arizona AHCCCS	Arizona ADES	Maricopa County
3.4.1 Review Case Files		✓	✓	
3.4.2 Plan and Develop a Sampling Framework		✓	✓	✓
3.4.3 Research, Collect and Organize Program Related Data	✓	✓	✓	✓
3.4.4 Develop Data Collection Methods, Tools and Approach Methodology	✓	✓	✓	✓

Activity	Arizona ADHS	Arizona AHCCCS	Arizona ADES	Maricopa County
3.4.5 Review, Analyze and Evaluate Data Applying Appropriate Statistical Techniques	✓	✓	✓	✓
3.4.6 Prepare and Submit Reports	✓	✓	✓	✓

Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS)

For the past three years, EP&P has worked with the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) on a variety of projects. These include:

Development of Rate Setting Methodology and Cost Estimates

Recently, EP&P assessed the rates paid to community service providers, including agency and individual service providers of habilitation services, personal assistance services, developmental home services and day treatment and training services for children and adults, and developed new rates. Provider cost data was not available from the State so we conducted a cost survey to be completed by providers. Our tasks included:

- ☐ Developing the cost survey
- ☐ Determining the sample
- ☐ Contacting providers
- ☐ Administering the survey
- ☐ Analyzing the data

As part of our collection process, we provided detailed instructions to providers for completing the survey, and we provided telephone support where we walked through how to complete the survey for many providers. To encourage a high response rate, we made multiple phone calls to non-respondents to encourage them to participate. After the data was received, EP&P validated the data by developing internal checks and worked with providers that reported inconsistent data (e.g. units per person per day could not exceed certain limitations depending upon the type of service provided).

In addition to the cost survey, we developed independent rate models using current wages (inflated to the midpoint of the projected rate year), benefits, and programmatic and administrative costs associated with service delivery. The goal of the independent models is to build the cost of the service from the “bottom up,” therefore, not relying on the provider cost data. Models were developed for more than 40 services and all were implemented.

This rate assessment and development of new rates incorporated analyses of rate comparability across other state agencies purchasing similar services, and the development of rate setting models using independent wage and benefit data. EP&P evaluated historical trends in community service utilization patterns as the number of people accessing community support services increased, as rate changes have been implemented and, as service options have increased. Forecasting multi-year budget impacts of multiple rate implementation phase-in scenarios, including federal-match and state-only participation was accomplished as well.

Arizona Health Care Cost Containment System

For the past ten years, EP&P has worked with the Arizona Health Cost Care Containment System (AHCCCS) on a variety of projects. These include:

Case File Review and Statistical Analysis

EP&P developed the preadmission screening (PAS) tools for AHCCCS that determine whether the elderly, physically disabled and developmentally disabled qualify for the state's long-term care program. This work included:

- ☐ Facilitation of clinical expert panels
- ☐ Tool design
- ☐ Pilot testing
- ☐ Discriminant function analyses that led to scoring procedures
- ☐ Design and development of on-going monitoring reports for management
- ☐ Development of rules

In the development of the PAS, we were frequently called upon to examine particular case files to determine why the individual scores as eligible or ineligible. This process leads to scoring changes as well as informs the physician review process.

EP&P is currently assisting AHCCCS with a review of the PAS tool. To this end, EP&P is reviewing the operational processes and outcomes of PAS including:

- ☐ Criteria and frequency of reassessment
- ☐ Criteria for referral to physician review including both criteria that are mandated in rule and those that are optional
- ☐ Staffing and recruitment
- ☐ PAS outcomes statewide and by geographic region
- ☐ Physician oversight
- ☐ Criteria and structure of the transitional program
- ☐ PAS eligibility and placement problems identified by management and staff

In addition to examining the PAS operational process, EP&P is examining innovative approaches in other states including new tools, reassessment short forms, and targeted

reassessments. The study also includes statistical analysis of where ALTCS' enrollment stands in relation to the size of other state's long term care programs.

Survey Design and Administration

With Dr. Jeanne McGee, EP&P has supported AHCCCS in the design, development and implementation of statewide member, physician and dentist surveys. This work included:

- ❑ Assisting AHCCCS in obtaining Robert Wood Johnson Foundation and Flinn Foundation support for conducting the surveys
- ❑ Working with AHCCCS in defining the survey design and methodology
- ❑ Contracting with independent survey firms to ensure confidentiality of responses
- ❑ Defining the survey samples
- ❑ Analyzing survey results
- ❑ Developing survey reports including materials to provide health plans appropriate feedback on their own respondents

As part of the provider survey projects, EP&P and Dr. McGee worked closely with AHCCCS staff to create a new, more understandable format for the data tables in the reports for the health plans and AHCCCS. The new table formats allowed the health plans and AHCCCS to use the data from the surveys more easily to improve the quality of care provided to AHCCCS members.

At the end of the project, Dr. Engquist and Dr. McGee, along with Mitzi Miller and Nan Jeannero, authored *Provider Survey Best Practices: A Resource Manual from the Arizona Health Care Cost Containment System* under a grant from the Robert Wood Johnson Foundation.

Data Collection and Statistical Analysis

In 2004 alone, EP&P assisted AHCCCS on three different rate setting projects. All of the projects required the use of various data collection techniques and statistical analysis. Data collection for the following projects ranged from provider surveys to claims data:

- ❑ Outpatient hospital services
- ❑ Nursing facility services
- ❑ Home and community based services to the elderly and physically disabled

Another project EP&P has completed for AHCCCS related to this service category was developing population and cost estimates for the HIFA waiver that AHCCCS got approved by CMS (the first in the nation). This involved developing a forecasting model based on population growth, utilization estimates, and cost growth using historical information as the baseline.

Arizona Department of Economic Security/Division of Developmental Disabilities

EP&P has been assisting the Division of Developmental Disabilities (DDD or the Division) of the Arizona Department of Economic Security (DES or the Department) in a multi-year project to reform their home- and community-based (HCBS) payment and procurement system. Some of our activities have included:

Case File Review

EP&P was asked to conduct case file reviews for ADES. This project was initiated by the legislature asking for confirmation that services were appropriate to assessed need. EP&P sampled 50 individuals representing all six districts. The case file included:

- ❑ The ISP for the prior two years for each individual (in some cases the ISP was 1000 pages)
- ❑ Services authorized through ASSISTS
- ❑ Services paid
- ❑ The preadmission screening
- ❑ The ICAP assessment

We found that for children services in the ISP were correlated with the preadmission screening. For adults, we found that services in the ISP were correlated with the ICAP. We also noted where the ISP, service authorizations and services paid were inconsistent.

Data Collection and Statistical Analysis

In rate setting, EP&P assisted the Division in performing the following tasks:

- ❑ Surveyed selected elements of the provider community
- ❑ Reviewed and revised the service specifications
- ❑ Constructed independent rate setting models
- ❑ Compared resulting rates with the Medicaid and behavioral health agencies
- ❑ Forecasted budget impacts and impacts on individual providers
- ❑ Developed phase-in strategies
- ❑ Documented the process for review by various stakeholder groups
- ❑ Made presentations to Department executive management and the provider community

In order to gather cost information, a provider survey was initiated in the fall of 2001 to collect provider cost information. Since the provider community had never been surveyed for the cost components of service delivery, this posed a significant challenge to providers who often did not have the administrative capability to compile information in the format requested. The information collected from the survey was used as a check on the independent models that were developed. The information collected in this phase of the project became quite useful, both in constructing and defending the models that were subsequently developed. This was particularly true with respect to compensation of

direct service workers. The information related to hourly compensation, employer provided benefits, and employee turnover proved to be the most useful.

Further statistical analysis was completed in order to measure the impact to the Division's budget and to the provider community. To complete this analysis a fiscal impact model was constructed. It was necessary to measure the impact of the rate schedule on the Division on both a total funds and an individual funds basis. It was also necessary to measure the impact on individual providers to validate potential future complaints of inordinate impact on a particular provider. The result was the construction of a forecasting model by service, by fund, and by provider. A particular challenge in constructing the model was the projection of utilization from the year that had just closed (SFY 02), through the implementation year (SFY 04). The model generally used a regression formula applied to each historical record of units delivered by service, by fund, and by provider. Once units were forecasted, they were reviewed for reasonableness with Division management and budget personnel. Presentations were made with both data and charts. After settling on utilization forecasts of services, applicable rates by provider were used to estimate the current rate situation and the tentative rate schedule was applied to measure impact.

The Division and EP&P also developed an assessment tool that would be appropriate for setting individual provider rates. The instrument is distinguished from a tool to set funding levels because its goal is not to assess how much service a consumer is to receive, but rather what skills are needed by, and how much to compensate, an independent provider. The instrument that was developed included domains of:

- ❑ Behavior
- ❑ Activities of daily living
- ❑ Age
- ❑ Family supports
- ❑ Health care needs
- ❑ Independent provider expenses
- ❑ Travel, distance and density of the service area

We developed the initial tool and delivered it to a Division staff work group. After revision, it was field tested on a pilot basis, scored, and feedback was collected from the assessors administering the tool. Based on this test, revisions were made to the tool which was then repiloted. Upon completion of the second pilot, slight revisions were made and the tool was administered to the consumers that utilize independent providers in their service plan.

Maricopa County Office of Health Care Mandates (HCM)

EP&P assisted the Office of HCM on two fronts related to litigation support. The first was providing data and statistical analysis in identifying the universe of claims and dollars to be included in a long-standing dispute between hospitals and the County on the reimbursement of indigent care. Specific tasks included reviewing and verifying

sampling methodology proposed by the expert statistician hired by the court's Special Master for a two-stage sampling of claims. In order to complete this task, EP&P used various statistical techniques to identify different reasons why the County should have appropriately denied claims for payment.

The second project was assisting the County in settling the disputes from the main lawsuit with one hospital chain in a timely manner. In four months, EP&P developed settlement terms for four different hospitals in dispute with the County over claims from as far back as 1997. Using a statistical sample, EP&P applied verification techniques to prove if specific claims in the dataset should be included in the settlement and proposed methods for settling on the remaining claims. Steps in the process included developing sampling protocol, determining the level of stratification needed, developing a protocol for excluding claims, conducting onsite audits of work already conducted to accept or deny claims for payment, and validating disputed amounts shown by both parties in the dispute. A walk-through of the steps of the protocol, findings of the audit, and recommendations were made to both parties.

Service Category 3.5: Management Consultant – Healthcare Practice Emphasis

EP&P is a healthcare consulting firm that has provided specialized expertise in the design, delivery, operations and financing of public sector health and social service programs for over thirteen years. Thus, there are few projects that EP&P has completed that do not fit into this service category. A few projects that examined operational analysis and/or program evaluation include:

- ❑ Consumer and provider surveys
- ❑ Setting rates for institutional and HCBS providers
- ❑ Budget forecasting for new initiatives or changes to existing programs
- ❑ Litigation support to agencies that involve the reimbursement of provider claims
- ❑ Ad-hoc analyses as warranted in independent evaluations of programs and reports on monitoring activities EP&P conducts for a state
- ❑ Designing assessment tools that are valid and reliable

The examples on the following pages highlight some of the projects where work has been completed or is being completed by EP&P that is similar in nature to the examples listed in the RFP for work to be performed in the Management Consultant – Healthcare Practice Emphasis category.

Examples of Prior Projects

EP&P has been providing healthcare practice consulting services since it was founded in 1993. Below is a chart of recent projects in Arizona that are similar to the scope of services requested in this solicitation. A description of each project is provided after the chart.

Summary of Relevant Healthcare Practice Consulting Experience Examples

Activity	Arizona ADHS	Arizona AHCCCS
3.5.1 Provide Assistance with Operations Analysis and Evaluation of Department/Program Performance to Determine the Most Effective Manner of Operation and Delivery of Services	✓	✓
3.5.2 Perform all Phases of Surveys	✓	✓
3.5.3 Provide Assistance with the Development of Performance Measures		✓

Arizona Department of Health Services/Division of Behavioral Health Services
(ADHS/DBHS)

ADHS TRBHA Claims Processing Review

The firm conducted a review of claims payment options for ADHS. The review was undertaken because AHCCCS wanted ADHS to assess alternatives to AHCCCS processing TRBHA behavioral health claims.

In conducting the review the firm documented the claims flow process to and from AHCCCS as well as the non-systems processes at both AHCCCS and ADHS, collected data with respect to the volumes and types of claims, and made a preliminary analysis of the TRBHA claims generating capabilities. The firm then generated a summary level requirements document and established a baseline cost estimate with AHCCCS continuing to perform the processing.

Options were then developed that ranged from transferring discrete functions from AHCCCS to ADHS (e.g., key punching activities), to acquiring, installing and staffing a claims processing function at ADHS. Hiring a third party processor was also investigated. Each of the identified options was costed out with an implementation timeline. Included in the analysis was consideration of HIPAA requirements.

The conclusion reached in the review was that the then current arrangement was the most cost effective alternative available. However, the review also concluded that ADHS was not adequately compensating AHCCCS for its services. As a result, the contract pricing for the arrangement was increased and additional programming and staff resources were added at AHCCCS, with ADHS paying for those increases.

Rate Analysis

ADHS asked EP&P to collect and analyze cost data from residential treatment center (RTC) providers as part of the project when we initially set rates for a variety of behavioral health services in 2001. As part of our collection process, we developed a cost collection tool and provided detailed instructions to providers for completing the survey. We provided telephone support where we walked through how to complete the survey for many providers. To encourage a high response rate, we made multiple phone calls to non-respondents to encourage them to participate. After the data was received, EP&P validated the data by developing internal checks and worked with providers that reported inconsistent data (e.g. units per person per day could not exceed certain limitations depending upon the type of service provided).

Although the data collected from this survey was not the primary source for setting the RTC rates, EP&P recommended to ADHS that this data be used in consideration of developing the rates that were implemented using EP&P's Independent Model approach. In this case, we compared the market-based costs for certain items to what the providers reported on their cost survey.

Arizona Health Care Cost Containment System (AHCCCS)

Over the years, EP&P has conducted studies on various aspects of AHCCCS' programs including but not limited to the Arizona Long Term Care Services' (ALTCS) home and community based services (HCBS) program, the Medically Needy/Medically Indigent (MN/MI) program, the Emergency Services Program (ESP), a consumer survey, and provider surveys. These studies typically involved extensive data analysis, identification of issues and areas of improvement, and development of recommendations.

Program Evaluation and Surveys

EP&P assisted in the evaluation of the Arizona Long Term Care System (ALTCS), specifically the delivery of home and community based services (HCBS). The analysis focused on the cost-effectiveness of the program given the percentage of members residing in the community. The study, conducted with Dr. William Weissert, repeated the initial study sponsored by CMS. The study showed that the ALTCS HCBS program is, in fact, cost-effective and led CMS to expand the percentage of ALTCS members that could reside in their homes or community settings.

In 2001, we worked with AHCCCS to set rates for home and community based providers. We designed a survey instrument that was used to collect provider costs. Over 180 providers were contacted to complete the survey. The data collected from the survey was analyzed and compared to the rates that AHCCCS currently pays to determine if reimbursement rates should be updated. EP&P then built HCBS rates using a "bottom-up" model starting with wage data, expected Employee Related Expense (ERE) percentages, travel time, and administrative costs.

EP&P updated these rate models in 2004. Over 200 surveys were sent to providers and almost 100 providers were contacted by phone in addition to the mailed survey.

Consumer and Provider Surveys

With Dr. Jeanne McGee, EP&P has supported AHCCCS in the design, development and implementation of statewide member, physician and dentist surveys. This work included:

- ❑ Assisting AHCCCS in obtaining Robert Wood Johnson Foundation and Flinn Foundation support for conducting the surveys
- ❑ Working with AHCCCS in defining the survey design and methodology
- ❑ Contracting with independent survey firms to ensure confidentiality of responses
- ❑ Defining the survey samples
- ❑ Analyzing survey results
- ❑ Developing survey reports including materials to provide health plans appropriate feedback on their own respondents

At the end of the project, Dr. Engquist and Dr. McGee, along with Mitzi Miller and Nan Jeannero, authored *Provider Survey Best Practices: A Resource Manual from the Arizona Health Care Cost Containment System* under a grant from the Robert Wood Johnson Foundation.

Service Category 3.6: Management Consultant – Strategic Planning Emphasis

EP&P has assisted numerous states, including Arizona, in a variety of strategic planning activities. Additionally a number of the EP&P Directors and Managers have operated significant governmental programs including Dr. Gretchen Engquist (Medicaid, Missouri), Peter Burns (Office of Strategic Planning and Evaluation, Arizona), and Susan Carter (MMIS, Georgia).

The experience our staff garnered in administering programs is especially critical to providing strategic planning services. These individuals were faced with similar challenges in implementing new programs, administering existing programs, and evaluating what works and what does not. Because of this expertise, EP&P is very knowledgeable about the need and the methods of evaluating management systems, the requirements for planning program implementation and the necessity for and benefits of collaborative problem solving and executive strategic planning. We also bring hands on experience in large group meetings and focus groups.

Examples of Prior Projects

EP&P has been providing strategic planning services since 1993. Below is a chart of four recent projects, including three in Arizona, that include activities that are similar to the services that are being requested in this service category. A description of each of these projects is provided after the chart.

Summary of Strategic Planning Consultation Project Examples

Activities	AHCCCS HAPA	ADHS TRBHA Claims	MIHS Strategic Assessment	Louisiana HIFA Waiver Development
3.6.1 Provide analysis of management systems for the State and its Contractors. Includes, planning, staffing, organizational structure and processes that are planned or implemented	✓	✓		✓
3.6.2 Collaborative problem solving and executive strategic planning	✓	✓	✓	✓
3.6.3 Facilitate group meetings and/or conduct focus groups	✓	✓	✓	✓

AHCCCS HAPA Project

EP&P assisted AHCCCS in the development of the HAPA Project, a joint venture between the States of Arizona and Hawaii to satisfy Hawaii's requirement for a Medicaid Management Information System.

The firm facilitated meetings between the states to explore the possibilities of the venture. The firm subsequently identified the advantages and disadvantages for each state, prepared a “charter” for the project, provided initial financial estimates and compiled a general work plan and timeline.

Once the project was approved for detailed analysis, the firm documented business processes in Hawaii and systems functions in AHCCCS, prepared a gap analysis, explored processing capabilities and software agreements with the Arizona Department of Administration, developed financial forecasts and costing methodologies, and facilitated contract negotiations.

After the project received tentative approval from both states, the firm prepared the Advanced Planning Document submitted to CMS, drafted enabling legislation, assisting in the preparation, presentation and defense of the Project Investment Justification package for the Information Technology Advisory Committee, assisted in developing the specifications for modifications to the AHCCCS ISD project tracking system (SSR), developed accounting and reporting procedures, and prepared an overall work plan for implementation activities.

System modifications at AHCCCS were subsequently made and the Hawaii system is currently being operated by AHCCCS.

ADHS TRBHA Claims Processing Review

The firm conducted a review of claims payment options for the Arizona Department of Health Services (ADHS). The review was undertaken because AHCCCS wanted ADHS to assess alternatives to AHCCCS processing TRBHA behavioral health claims.

In conducting the review the firm documented the claims flow process to and from AHCCCS, the non-systems processes at both AHCCCS and ADHS, collected data with respect to the volumes and types of claims, and made a preliminary analysis of the TRBHA claims generating capabilities. The firm then generated a summary level requirements document and established a baseline cost estimate with AHCCCS continuing to perform the processing.

Options were then developed that ranged from transferring discrete functions from AHCCCS to ADHS (e.g., key punching activities), to acquiring, installing and staffing a claims processing function at ADHS. Hiring a third party processor was also investigated. Each of the identified options was costed out with an implementation timeline. Included in the analysis was some consideration for HIPAA requirements.

The conclusion reached in the review was that the then current arrangement was the most cost effective alternative available. However, the review also concluded that ADHS was not adequately compensating AHCCCS for its services. As a result, the contract pricing for the arrangement was increased and additional programming and staff resources were added at AHCCCS, with ADHS paying for those increases.

Maricopa Integrated Health System Strategic Assessment

EP&P assisted the Maricopa Integrated Health Systems in a strategic review of their health plan and long term care plans. At the time the plans were operating at a substantial loss. The purpose of the review was to determine the operating environment of the plans, the extent to which macro factors are influencing financial performance, and provide contextual information to policy and other decision makers.

The approach to the project was to interview internal personnel in management, claims payment, systems and finance positions as well as in AHCCCS; collect cost, caseload and utilization data; review internal management reports; review contracts for pricing agreements, investigate market share and financial performance of competitors; analyze the information and prepare presentations for management.

The recommendations from the engagement have formed the basis for a strategic initiative by MIHS and if successful will mitigate the losses the plans are experiencing.

Louisiana HIFA Waiver Development and Implementation

EP&P is currently assisting the Louisiana Department of Health and Hospitals in a multi-phased project to develop and implement one or more waivers to both expand health care coverage and access and utilize the full amount of federal DSH funding that is available to the state.

In developing the first waiver the firm facilitated internal and external advisory groups to perform an environmental assessment, collected various forms of data, reviewed program designs, identified and evaluated options and made recommendations to Departmental and Executive management. The firm also tested the options in focus groups across the state of Louisiana. The resulting first waiver contains three elements: an employer sponsored insurance component, a conversion of the state's high risk pool, and a modification to a premium subsidy program.

In developing the employer sponsored insurance program, the firm facilitated large group meeting with stakeholders and developed and presented proposed business function flows. The flows documented proposed processes for employer and employee eligibility, enrollment, and premium payment. The firm subsequently developed proposed modifications to organizational structures, budget requirements, budget neutrality tests, systems changes, legislation, and testified before legislative committees. The first waiver has been filed with CMS and the firm is assisting the Department in implementation activities.

In the second phase of the engagement we are assessing needs in various communities and the state hospital system. We are also developing options for state sanctioned and supported local solutions to the problems associated with the uninsured. This activity

encompasses a needs assessment and the identification of funding mechanisms. This phase of the project is ongoing.

Service Category 3.8: Management Consultant – Healthcare Research Emphasis

EP&P Consulting, Inc. (EP&P) has provided many states, including Arizona, with consultant services with a healthcare research emphasis. These services have covered many areas and types of activities, including researching and reporting on best practices; identifying ways to maximize federal Title XIX and Title XXI funding; and developing monitoring, and evaluation of screening and assessment tools. Our work with assessment tools has included researching tools used in other states, drafting tools, reviewing the tool with stakeholders, analyzing data from current or piloted tools, and recommending changes to current tools. We have also provided many states with analysis of changes to their acute care, behavioral health, and long-term care programs, including program expansion, eligibility changes, and benefit changes.

Examples of Prior Projects

EP&P has been providing healthcare research consulting services described in this task category since it was founded in 1993. Below is a chart of recent projects in Arizona that include activities that are similar to the services that are being requested in this service category. A description of each of these projects is provided after the chart.

Summary of Relevant Healthcare Research Emphasis Experience Examples

Activities	Arizona ADHS	Arizona ADES	Arizona AHCCCS
3.8.1 Research and Reports		✓	✓
3.8.2 Maximize Federal Funds	✓		✓
3.8.3 Medical Eligibility Tools		✓	✓
3.8.4 Analysis of Program Changes	✓	✓	✓

Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS)

Maximize Federal Funds

EP&P has worked with ADHS/DBHS on two projects to maximize federal funds: (1) retroactive claims; and (2) service redefinition. For the retroactive claims project EP&P analyzed a three-year database of encounters in order to identify services that had been paid with State-only funds but were actually eligible for federal matching funds. We reviewed the processes for identifying individuals as Title XIX/XXI eligible and traced the processes from the initial intake to actual enrollment as Title XIX/XXI eligible. Finally, we identified system modifications and policy changes that could be made in order to maximize Title XIX/XXI dollars. EP&P also aided in preparing a retroactive claim to be submitted to CMS to collect federal matching payments where the statute of limitations for resubmission had yet to expire. This resulted in approximately \$6 million in additional federal match.

For the service redefinition project EP&P identified system modifications that could be implemented in order to maximize Title XIX/XXI dollars. This was executed through review of the process used for identifying individuals as Title XIX/XXI eligible and tracing the process from initial intake to actual enrollment as Title XIX/XXI eligible.

Arizona Department of Economic Security/Division of Developmental Disabilities (ADES/DDD)

Research and Reports

EP&P has been assisting the DES/DDD in a multi-year transition of their service payment and delivery system. One component of this transition is the development and implementation of a fiscal intermediary program. As part of that project we researched and drafted several issue papers to assist in the design of the program. These included a paper summarizing key characteristics of selected state programs using fiscal intermediaries and papers on monitoring a fiscal intermediary program, how and how much to pay the fiscal intermediary, and what entities could be a fiscal intermediary.

At the request of the DES Director, EP&P conducted an analysis of the adequacy and methodology for payment for community adoption services. This work included an in-depth survey of 15 state adoption programs identified by experts as “best practices” adoption programs. The survey examined rates, rate methodologies, and in particular, at what point in the adoption process payments were made. The work also included interviews with the community adoption agencies now providing services. These interviews were designed to identify issues regarding the structure of the adoption program, rates, the timing of payments, and other contracting issues.

Medical Eligibility Tools

EP&P worked with ADES/DDD to develop an assessment tool to set rates for independent providers who serve people with developmental disabilities. We prepared and sent a national survey to states to collect information about how states use assessment tools to measure the support needs of individuals with developmental disabilities, including how the tool is linked to reimbursement/funding levels. From the survey results, we prepared a report that analyzed the assessment tools utilized by the states and helped a stakeholder workgroup develop a tool based on those results. The tool was piloted (twice), and the results of the pilot were used to revise the tool. We analyzed the pilot results to develop “incentive payments” to be added to the base rate. We also developed and implemented a system to capture assessments of consumers with developmental disabilities statewide and to score the assessments. The system determines rates for independent providers of specific services for each consumer.

Analysis of Program Changes

EP&P assisted ADES/DDD in establishing a fee schedule for all providers of community based services for people with developmental disabilities. The new rates were built from the ground up and recognize market-based trends for such items as employee benefits, local housing and utility costs, and transportation expenses. Along with the development of the rates themselves, EP&P forecasted multi-year budget impacts of multiple rate implementation phase-in scenarios, including estimating the federal match and state-only participation levels.

Arizona Health Care Cost Containment System (AHCCCS)

Research and Reports

Two recent healthcare research projects EP&P conducted for AHCCCS are an evaluation of options for Arizona to participate in a consolidated purchasing pool for prescription drugs and a paper on initiatives to improve the direct service workforce. As part of the report on purchasing pools EP&P reviewed eight existing drug purchasing pools to evaluate the feasibility of AHCCCS and other Arizona purchasers joining one of these pools and made recommendations regarding for centralizing purchasing. This review included document review and interviews. The report on direct service workforce initiatives is currently being drafted. It will summarize various state initiatives by category, including recruitment, wage and benefit improvements, and training programs.

Maximize Federal Funds

EP&P has worked with AHCCCS on several projects to maximize federal funds including:

- ❑ Upper Payment Limit Methodologies. In an effort to maximize the upper payment limit (UPL) amounts calculated for public hospitals in the calculation of disproportionate share payments, EP&P assisted Arizona in developing alternative methodologies for calculating the UPL limits for public hospitals. These methodologies have not been implemented yet.
- ❑ Disproportionate Share (DSH) Program. EP&P has assisted AHCCCS in developing budget estimates to maximize federal funding for DSH program. One of our Corporate Directors was instrumental in the design of the original DSH program.
- ❑ Proposition 204. EP&P assisted AHCCCS in obtaining a section 1115 waiver to expand eligibility to 100% of FPL and convert the medically needy/medically indigent program to Title XIX.
- ❑ Health Insurance Flexibility and Accountability (HIFA) Waiver. EP&P conceived and assisted AHCCCS in the development of the first two CMS

approved HIFA demonstrations, which allow Arizona to receive a higher match rate than under the initial 1115. EP&P designed, prepared, and performed cost and caseload estimates as well as participated in the negotiations with CMS.

- ❑ FFP Matching Logic and Documentation. EP&P traced and documented all of the logic in the MMIS that produced the numbers to be used on the 64 reports. As a result of this effort, some enhancements were made to increase the match.
- ❑ Premium Tax. EP&P assisted in lifting the premium tax exemption for Medicaid health plans.

Medical Eligibility Tools

EP&P submitted to AHCCCS a report on phase one of a project for maintaining the integrity of the PAS tool. The objectives of this project are threefold: (1) to develop a strategy for pre-admission screening and reassessment that balances the integrity of the PAS with the availability of resources; (2) to revalidate the PAS' effectiveness as the principal control in growth of the ALTCS program; and (3) ensure that individuals are appropriately linked to the programs able to serve them. In order to meet these objectives, EP&P proposed two phases. In Phase One, we worked with AHCCCS to develop the strategy that best meets the objectives stated above. Phase Two will be the implementation of those strategies. The report included an analysis of program growth; an analysis of the tools, staffing, and processes; a scoring analysis; and a strategy for moving forward.

Analysis of Program Changes

EP&P has analyzed many program changes for AHCCCS, including the projects listed above. In addition, we prepared financial and population projections to estimate the impact of a proposal to pilot managed care for Native Americans on reservation and to estimate the impact of a proposal to integrate Medicare and Medicaid services for people who are eligible for both programs. We also projected the impact of Miller trusts on ALTCS expenditures and the impact of federal and state legislation on AHCCCS' budget.

Firm's References

(RFP Ref. Section 3.2.2)

Reference #1

Name: Antonia Valladares
 Administrative Services Manager
 Business Operations
 Division of Developmental Disabilities
 Arizona Department of Economic Security

Address: 1789 West Jefferson
 Site Code 791-A
 Phoenix, AZ 85007

Phone: (602) 542-5258

Description: Several projects including:

- ☐ Rate-setting for HCBS services
- ☐ Legal research
- ☐ Drafting legislation
- ☐ Strategic planning
- ☐ Design of the Request for Qualified Vendor Applications system
- ☐ Drafting service specifications
- ☐ Preparing amendments
- ☐ Design of the fiscal intermediary system and performing readiness reviews
- ☐ Fiscal impact analysis
- ☐ Other projects as called upon

EP&P Key Personnel

Gretchen Engquist
Peter Burns
Sue Carter
Mark Podrazik
Lori Petre
Steve Abele

Reference #2

Name: Tom Betlach
Deputy Director
Arizona Health Care Cost Containment System

Address: 801 East Jefferson Street
Mail Drop 4100
Phoenix, AZ 85034

Phone: (602) 417-4483

Description: Several projects including:

- ☐ Rate-setting for HCBS, inpatient, and outpatient services
- ☐ Assisting in waiver negotiations including cost and caseload analysis
- ☐ Development of pre-admission screening (PAS) tools
- ☐ Design, develop, and implement statewide provider surveys
- ☐ Analysis of operations including pharmacy, claims processing and accounting procedures
- ☐ Strategic planning activities including HAPA, claims processing, and federal revenue maximization
- ☐ Revenue maximization activities including juvenile justice and children with special needs waiver development

EP&P Key Personnel

Gretchen Engquist
Peter Burns
Yvonne Powell
Sue Carter
Mark Podrazik
Lori Petre
C.J. Hindman
Andy Cohen

Reference #3

Name: Chuck Duarte
Administrator
Nevada Department of Human Resources

Address: 1100 East William Street
Room 101
Carson City, NV 89701

Phone: (775) 684-3677

Description: Several projects including:

- ☐ Readiness review of managed dental care program
- ☐ Outline of a HIFA waiver for the uninsured
- ☐ Strategic planning activities
- ☐ HAPA project (while he was Medicaid Director for Hawaii)
- ☐ Rate development for strategic planning
- ☐ Rate development for behavioral health

EP&P Key Personnel

Gretchen Engquist
Peter Burns
Yvonne Powell
Sue Carter
Mark Podrazik

Reference #4

Name: Debbie Hoffine
Ohio Department of MR/DD

Address: 30 E. Broad Street
13th Floor
Columbus, OH 43215

Phone: (614) 728-5312

Description: EP&P developed and conducted provider cost surveys for providers of home and community-based services to the mentally retarded / developmentally disabled population in Ohio. We combined the cost data that we collected and rate data obtained from ODMRDD with data collected from a sample of individuals using the New York Developmental Disabilities Profile (DDP) modified for Ohio to develop reimbursement rates and funding levels for a system of individualized budgets.

EP&P Key Personnel

Gretchen Engquist
Yvonne Powell
John McCarthy
Sophie Wang

Reference #5

Name: Leslie Schwalbe
Consultant

Phone: (480) 766-6479

Description: While she was Deputy Director for Behavioral Health Services, Arizona Department of Health Services, EP&P assisted with:

- ☐ Rate-setting, both original rates and updated rates
- ☐ TRBHA claims processing review
- ☐ Encounter systems analysis
- ☐ Retro claim for encounters redefined from state-only eligibility
- ☐ Development of a Procedures Manual

EP&P Key Personnel

Gretchen Engquist
Yvonne Powell
Peter Burns

Reference #6

Name: Anne Winter
Office of the Governor

Address: 1700 West Washington
2nd Floor
Phoenix, AZ 85007

Phone: (602) 542-1626

Description: EP&P is assisting the Governor's Office with revenue maximization projects for behavioral health services provided by the Arizona juvenile justice system and the development of a waiver for children with special needs. We are also assisting the Governor's Office on such topics as Federal Medicaid reform, graduate medical education, and premium subsidies for employer-sponsored insurance.

EP&P Key Personnel

Gretchen Engquist
Peter Burns
Yvonne Powell
Sue Carter
Mark Podrazik
C.J. Hindman

SECTION 4

PRICE SHEET

1. First year of the contract:

Consultant Category	Proposed Rate Per Hour
Program Review & Evaluation	
• Corporate Director	\$250
• Corporate Manager	\$225
• Senior Consultant	\$200
• Consultant	\$175
• Junior Consultant	\$150
Program Consultation	
• Corporate Director	\$250
• Corporate Manager	\$225
• Senior Consultant	\$200
• Consultant	\$175
• Junior Consultant	\$150
Statistician	
• Corporate Director	\$250
• Corporate Manager	\$225
• Senior Consultant	\$200
• Consultant	\$175
• Junior Consultant	\$150
Management Consultant – Healthcare Practice Emphasis	
• Corporate Director	\$250
• Corporate Manager	\$225
• Senior Consultant	\$200
• Consultant	\$175
• Junior Consultant	\$150
Management Consultant – Strategic Planning Emphasis	
• Corporate Director	\$250
• Corporate Manager	\$225
• Senior Consultant	\$200
• Consultant	\$175

• Junior Consultant	\$150
Management Consultant – Healthcare Research Emphasis	
• Corporate Director	\$250
• Corporate Manager	\$225
• Senior Consultant	\$200
• Consultant	\$175
• Junior Consultant	\$150

2. Optional First Year Contract Renewal:

Consultant Category	Proposed Rate Per Hour
Program Review & Evaluation	
• Corporate Director	\$250
• Corporate Manager	\$225
• Senior Consultant	\$200
• Consultant	\$175
• Junior Consultant	\$150
Program Consultation	
• Corporate Director	\$250
• Corporate Manager	\$225
• Senior Consultant	\$200
• Consultant	\$175
• Junior Consultant	\$150
Statistician	
• Corporate Director	\$250
• Corporate Manager	\$225
• Senior Consultant	\$200
• Consultant	\$175
• Junior Consultant	\$150
Management Consultant – Healthcare Practice Emphasis	
• Corporate Director	\$250
• Corporate Manager	\$225
• Senior Consultant	\$200
• Consultant	\$175

• Junior Consultant	\$150
Management Consultant – Strategic Planning Emphasis	
• Corporate Director	\$250
• Corporate Manager	\$225
• Senior Consultant	\$200
• Consultant	\$175
• Junior Consultant	\$150
Management Consultant – Healthcare Research Emphasis	
• Corporate Director	\$250
• Corporate Manager	\$225
• Senior Consultant	\$200
• Consultant	\$175
• Junior Consultant	\$150

3. Optional Second Year Contract Renewal:

Consultant Category	Proposed Rate Per Hour
Program Review & Evaluation	
• Corporate Director	\$250
• Corporate Manager	\$225
• Senior Consultant	\$200
• Consultant	\$175
• Junior Consultant	\$150
Program Consultation	
• Corporate Director	\$250
• Corporate Manager	\$225
• Senior Consultant	\$200
• Consultant	\$175
• Junior Consultant	\$150
Statistician	
• Corporate Director	\$250
• Corporate Manager	\$225
• Senior Consultant	\$200
• Consultant	\$175

• Junior Consultant	\$150
Management Consultant – Healthcare Practice Emphasis	
• Corporate Director	\$250
• Corporate Manager	\$225
• Senior Consultant	\$200
• Consultant	\$175
• Junior Consultant	\$150
Management Consultant – Strategic Planning Emphasis	
• Corporate Director	\$250
• Corporate Manager	\$225
• Senior Consultant	\$200
• Consultant	\$175
• Junior Consultant	\$150
Management Consultant – Healthcare Research Emphasis	
• Corporate Director	\$250
• Corporate Manager	\$225
• Senior Consultant	\$200
• Consultant	\$175
• Junior Consultant	\$150

4. Optional Third Year Contract Renewal:

Consultant Category	Proposed Rate Per Hour
Program Review & Evaluation	
• Corporate Director	\$275
• Corporate Manager	\$250
• Senior Consultant	\$225
• Consultant	\$200
• Junior Consultant	\$175
Program Consultation	
• Corporate Director	\$275
• Corporate Manager	\$250
• Senior Consultant	\$225
• Consultant	\$200

• Junior Consultant	\$175
Statistician	
• Corporate Director	\$275
• Corporate Manager	\$250
• Senior Consultant	\$225
• Consultant	\$200
• Junior Consultant	\$175
Management Consultant – Healthcare Practice Emphasis	
• Corporate Director	\$275
• Corporate Manager	\$250
• Senior Consultant	\$225
• Consultant	\$200
• Junior Consultant	\$175
Management Consultant – Strategic Planning Emphasis	
• Corporate Director	\$275
• Corporate Manager	\$250
• Senior Consultant	\$225
• Consultant	\$200
• Junior Consultant	\$175
Management Consultant – Healthcare Research Emphasis	
• Corporate Director	\$275
• Corporate Manager	\$250
• Senior Consultant	\$225
• Consultant	\$200
• Junior Consultant	\$175

5. Optional Fourth Year Contract Renewal:

Consultant Category	Proposed Rate Per Hour
Program Review & Evaluation	
• Corporate Director	\$275
• Corporate Manager	\$250
• Senior Consultant	\$225
• Consultant	\$200

• Junior Consultant	\$175
Program Consultation	
• Corporate Director	\$275
• Corporate Manager	\$250
• Senior Consultant	\$225
• Consultant	\$200
• Junior Consultant	\$175
Statistician	
• Corporate Director	\$275
• Corporate Manager	\$250
• Senior Consultant	\$225
• Consultant	\$200
• Junior Consultant	\$175
Management Consultant – Healthcare Practice Emphasis	
• Corporate Director	\$275
• Corporate Manager	\$250
• Senior Consultant	\$225
• Consultant	\$200
• Junior Consultant	\$175
Management Consultant – Strategic Planning Emphasis	
• Corporate Director	\$275
• Corporate Manager	\$250
• Senior Consultant	\$225
• Consultant	\$200
• Junior Consultant	\$175
Management Consultant – Healthcare Research Emphasis	
• Corporate Director	\$275
• Corporate Manager	\$250
• Senior Consultant	\$225
• Consultant	\$200
• Junior Consultant	\$175